

QUALITATIVE RESEARCH

Practices and Challenges

EDITORS

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Preface

An Eclectic Mix of Challenges and Research Practice

The eleven chapters in this volume were selected from presentations made at the 4th World Congress on Qualitative Research held in Porto in April 2019. The chapters are wide-ranging substantively, methodologically, and geographically. The authors write about their research experiences or teaching innovations in India, the United States, Portugal, the Philippines, France, Italy, Columbia and there are two chapters each from Brazil and South Africa. The 11 chapters presented in three thematic sections focus on qualitative research at work, qualitative health research, and teaching and learning qualitative research. The substantive topics are eclectic ranging from young people adjusting to a chronic kidney diagnosis, rural health inequality, intimate partner violence among adolescents, emotional labor of French sales staff to inventive ways to teach students unfamiliar with qualitative research. Methodologically these chapters adopt a diverse range of techniques as if current qualitative research practice does not use a unified methodology. It does not. Techniques included the traditional narrative research, unstructured interviews, community based participatory research to the more innovative critical incident and basic content analysis to those that used computer analysis to facilitate qualitative research.

Section One on Qualitative Research at Work focuses on employment at times of significant social and economic change in the Philippines, the United States, Italy, and France. The first study, «'Calculated Risk-Taking': The Success Factors of Entrepreneurial Accountants», uses a narrative analysis to explore the meanings being a successful entrepreneurial accountant in the Philippines at a time when many new start-ups are emerging. Specifically, the study determines the significant success factors of entrepreneurial accountants who own small to medium accounting firms. The narrative analysis focused on 3 phases, before the accounting firm was established, during the time it ran, and after they had stabilized the operations and establish their own reputations. These phases were coded using Saldaña's (2013) codes to theory model. The findings indicated entrepreneurial accountants were more likely calculated risk takers than typical accountants.

An Italian mixed methods research project, «'Liquid Job': The Emotional Text(ure) of Work Uncertainty in Q&A Sites», focused on the increasing reliance on the Internet by precarious and low paid workers to resolve (un)employment issues during times of increasing inequality and instability in their working careers. The researchers investigated how an online site, Quora, became a sharing environment for Italian and English workers in a space to resolve doubts.

The USA study, «Visual Methodology, Case Studies, and Analyses to Explore Political Participation in Local Government Planning Processes and the Relationship to Economic Growth and the Ability to Reduce Inequality» (in the cities of Denver and Miami) used case studies, and before and after analysis of public involvement in local politics to examine if greater political participation in the development of different *code types* was a change agent likely to reduce social inequality. The tentative findings suggest public participation reduced inequality but more importantly the authors argue further research in other cities is justified.

The French authors elaborate their use of a critical incident technique to analyze the emotional behavior of sales staff in their encounters with customers. What is unusual in this chapter, «Demonstrating Rigor in Combining Critical Incident Technique and Content Analysis in Emotional Labor», is how the authors use survey data to generate qualitative responses. While this technique requires respondents to take the time and effort to describe situations in detail,

curtailing the response rate, sufficient data captures the management of positive and negative emotions at work.

Section Two on Qualitative Health Research spotlights health inequalities. The first contribution, «Understanding Critical Concepts in Engaged Research: The case of a Rural Health Development Project in South Africa», uses a community based participatory research methodology to investigate inadequate health coverage in rural areas in South Africa. The findings support changing the focus from a “practitioner centered model” to a more “patient centered model” where a patient plays an active role in their own health development. This transformative paradigm bridges the gap between science and practice through community engagement and social action to improve health equity. Moreover, this research project examined how pharmacists and fellow health care practitioners understand the variables that determine community health.

The second chapter, «Communication and Decision Making in Neonatal Intensive Care: Why Narrative Medicine Matters», is a riveting narrative account of crises situated in a Portuguese neonatal intensive care unit. Sixty two conversations with new parents and their health professionals document sudden, intimate emergencies that give insight into the alignment (or non-alignment) of decision making. Fathers emphasize the need to control situations. Some mothers of premature babies define themselves as premature mothers, meaning they became mothers before the right time. Additionally, the main inhibitors to communication identified by parents and health professionals were related to the transmission of bad news. Complicating this was many mothers reporting the language used by doctors as difficult to comprehend. Narrative Medicine is found likely to help medical professionals better communicate with parents during these crisis moments.

The richness of presented data drawn from vulnerable populations confronted by the immediacy of health issues continues in third chapter set in Columbia, «The Experience of Living with Chronic Kidney Disease». The chapter documents how eleven participants experienced living with chronic renal disease. Following face-to-face interviews beginning with asking informants to tell their own experience since diagnosed with chronic renal disease the researcher uses van Maanen’s six-step approach to hermeneutic phenomenology. The outcome exposed how people were able to reveal their intimate experiences during interviews about their unexpected and abrupt diagnosis.

The fourth chapter, «Construction of an Intervention Proposal to Address the Intimate Partner Violence among Adolescents in Brazil», sets out to create an intervention for coping with intimate partner violence among adolescents in Brazil. The project documents in some detail the use of a critical emancipatory workshop supported by WebQDA that increased the ability for stereotypes and preconceptions about adolescence intimate partner violence to be reconstructed and others not to be perpetuated.

Section three on Teaching and Learning Qualitative Research provides insight into a unique set of teaching techniques. Chapter 8, «Using RQDA in qualitative data analysis: a tool for researching chronic pelvic pain using thematic analysis», has crossover to health research. The substantive area is chronic pelvic pain among Brazilian women. The teaching focus relies on a thematic analysis of data with a computer assisted qualitative data analysis software (CAQDAS). The authors share a systematic process taking novice researchers through the CAQDAS program from coding the data to identifying research themes.

The final two chapters spotlight teaching qualitative research to students unfamiliar with the basic interpretive concepts. A chapter from India, «Teaching the Scope and Limits of Generalizability in Qualitative Research», details how a medical professor socializes early-stage doctoral students into the concept of analytical generalizability. Drawing on a classic ethnographic example by Howard Becker the lesson focuses on the description of a patient labelled a “crock.” This term emerged for Becker during morning rounds where one medical student described an overly talkative patient as a “crock.” Cocks, Becker learned, waste the students’ time, do not advance

their learning, and do not have a serious ailment. These three generalizations are then tested in a series of more and more precise scenarios to demonstrate the strength and weakness of generalization in qualitative research.

The COSTA postgraduate coaching model complements normal supervision, «Introducing the C.O.S.T.A. Postgraduate Research Coaching Model: A Complementary Approach to Supervision». It addresses a perceived problem in South African postgraduate students who begin postgraduate studies without a formal background in research methods. The outcome is poor completion rates in South African universities. The six-stage coaching program introduces students to research concepts, the language of research, the utility of a literature review as well as stages that focus on data collection and data analysis. The output results in the students having higher confidence and more likely to complete their degrees.

These eleven chapters organized around three thematic sections represent some of the excellent academic research presented at the 4th World Congress on Qualitative Research. The diversity of substantive research topics, innovative research techniques and the conference's ability to attract academics from North and South America, from Africa, Asia and Europe and the Pacific warrants the claim that this gathering does represent a World Congress on qualitative research.

Martin Tolich

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QUALITATIVE RESEARCH TODAY: VOICES IN AN INTERNATIONAL CONTEXT

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In October 2019, the 4th World Conference on Qualitative Research (WCQR) brought together scholars from different parts of the world in Porto, Portugal. That conference provided an international platform upon which scholars initiated conversations regarding practices and challenges in qualitative research, in both academic and corporate contexts. These conversations concerned practices and challenges that on methodological rigor and ethical practices, with the overall aim for holistic integration and excellent qualitative research. WCQR has also allowed the forming of an international and diverse community of qualitative researchers, that annually come together to discuss experiences, trends and ongoing and future projects. This community remains active between editions, conducting collaborative research, training (namely at a distance), and publishing together. It is a movement that will continue to evolve. This book is also a way of congregating and giving voice to this community.

The chapters in this book are based on presentations from that conference. This is a maiden issue, being the first compilation of full papers presented in a WCQR. It is a product of a corporate effort of many people—authors, reviewers, editors—who believe in the value of qualitative research in helping to solve life and societal issues. We have divided this book into three sections: (1) *Qualitative Research at Work*; (2) *Qualitative Health Research*; and (3) *Teaching and Learning Qualitative Research*.

We selected these chapters based on the following criteria: (a) their relevance to the theme of the book, which is practices and challenges in qualitative research; (b) originality, which requires that the chapters introduce a new problem, a unique research paradigm, or an innovative combination of techniques; (c) the significance of the work to the conversation of scholars and whether it advances knowledge or understanding in a particular area; (d) technical quality, which refers to the careful evaluation of the proposed method and results; and (e) quality of presentation, which focuses on whether the paper promotes motivation to

continue research in the area of specification. These chapters present the practices authors employed relating to challenges still faced by qualitative researchers. In this introduction, we discuss these practices and challenges, at times mentioned by the authors themselves in the forthcoming chapters. We present these practices and challenges in six themes: (1) the use of computer-assisted qualitative data analysis software (CAQDAS); (2) the use of a variety of qualitative research methodologies and paradigms; (3) quality and rigor in qualitative research; (4) number of participants for qualitative research studies; (5) technology in qualitative research; and (6) teaching and learning qualitative research.

First, we showcase the use of computer-assisted qualitative data analysis software (CAQDAS). Emerging in the 1980s, qualitative research now has access to a varied and diverse number of new and improved versions of CAQDAS. This text includes chapters that present the use of software such as RQDA, an open-source R¹ package for qualitative data analysis, NVivo, webQDA, and ATLAS.ti. Using CAQDAS can enable researchers to more effectively work with a high volume of data; more efficiently code, transcribe, organize, analyze, and graphically display data; and provide an audit trail, i.e. documentation of the analytical process, to address the demand for credibility and dependability in qualitative research (Brandão, 2015; Pope, 2018). Importantly, using CAQDAS is not a substitute for a methodology and there must be a strong understanding of methodology before CAQDAS can be effectively used (Paulus et al., 2019; Silver & Rivers, 2016; Tagg, 2011).

The use of CAQDAS in qualitative research is still, unfortunately, misunderstood (Jackson et al., 2018). Mitigating these misunderstandings is one of the primary challenges of scholars who use, research the use of, and teach CAQDAS in qualitative research (Freitas, Leite, Neri de Souza, & Costa, 2020; Paulus et al., 2019). Additional research, such as the chapters included in this volume, that outline the affordances and limitations of CAQDAS continues to enhance the field and helps clear misunderstandings of what CAQDAS can and cannot do. The future of CAQDAS use in qualitative research has many possibilities (Costa & Amado, 2018; Paulus et al., 2018) and the chapters in texts such as this work to provide much needed clarity in the area (Humble, 2012).

Second, this book includes chapters on various qualitative research methodologies, each holding their own specific practices and challenges for researchers. True to the tradition of qualitative research, which aims to deeply understand, describe, interpret, and solve the complex issues that beset individuals and societies, several of the studies included here are

anchored in an emancipatory philosophical framework. Inequality of access to humanity's basic needs, such as education, material resources, and healthcare support, are among the issues examined in the following chapters. Authors consider the power imbalance between the rich and the poor, the differences between the educated and the less educated, and differences between races and skin colors. Further, these studies aim to give a platform and highlight the voices of marginalized groups to support their agency through sense-making and problem-solving of their own issues.

Through community-based participatory research, framed primarily for social change and empowerment, one study addresses inadequate health coverage and social and epistemic injustices in a rural community in South Africa. Another uses a critical-emancipatory workshop (CEW). This particular strategy leads a process of collective construction of knowledge through individual and group reflection based on a problematization method, critical-emancipatory education, and valuing emotions as knowledge builders.

Several studies in this text use narrative research. One introduces the concept of Narrative Medicine to promote therapeutic relationships between healthcare professionals and patients. Another uses story-telling to elicit participants' experiences regarding their health issues as a tool to promote health literacy. A third organizes the narratives of entrepreneurial accountants temporally to better understand their experiences of success. Conducting narrative research, both narrative inquiry and narrative analysis, is becoming a fairly common practice in qualitative research as it has several unique advantages. Narrative research assumes that as individuals express the meaning they make from their experiences to others in storied form, one of the best practices a researcher can employ to understand these experiences is to collect and analyze those stories. The chapters in this text illustrate this practice within unique contexts and in this way they contribute both methodologically (to our understandings of how to conduct narrative research) and conceptually (to how narrative research can benefit specific research contexts).

In addition to narrative research, this book includes a study using hermeneutic phenomenology to describe and interpret the lived experience of patients with chronic kidney disease. The author employed van Manen's (2014) data analysis framework, and framed findings according to the five elements of a person's existential lifeworld: relationality, temporality, corporeality, materiality, and spatiality. As a qualitative practice, phenomenology can be used incorrectly, and studies labeled as phenomenological may not

be. The misunderstanding of phenomenological research is a very old challenge for qualitative researchers (Freeman, 2020; Schütz, 1945). A primary practice of qualitative research is to deeply examine experience, but phenomenological research interrogates experience in a very specific way. Rather than looking at research generally, this methodological approach attempts to pinpoint the essence of an experience shared by all who experience it (Groenewald, 2004). Studies that accurately promote this methodological focus help clarify and enhance the use phenomenology for both novice and experienced researchers.

Third, quality and rigor of qualitative research is an important practice that includes its own unique challenges. Researchers use a wide variety of methods to answer the question of what makes good qualitative research. Many researchers attempt to establish trustworthiness, rather than reliability and validity, which requires a paradigm shift in thinking about good research from quantitative standards to qualitative ones (Erlandson et al., 1993). Standards of good qualitative research differ from those for quantitative research due to the different focus of qualitative research, and issues such as validity and generalizability are often not addressed or strived for. Instead, qualitative researchers use different standards and methods to ensure trustworthiness and understanding these continue to serve as a challenge for researchers (Lincoln et al., 2011; Tracy, 2010).

Some chapters in this text discuss how to ensure quality and rigor through the trustworthiness framework, which includes four elements—credibility (replacing internal validity), transferability (replacing external validity), dependability (replacing reliability), and confirmability (replacing objectivity) (Erlandson et al., 1993; Lincoln & Guba, 2011). Others use the work of Sandelowski (1986), who proposes researchers should strive for truth value, applicability, consistency, and neutrality. As a third viewpoint, Tracy (2010) proposes includes eight criteria: worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethical, and meaningful coherence.

Several authors within this text advocate for combining research methodologies, which may enhance trustworthiness (Shenton, 2004). This can include combining qualitative research with quantitative practices, not fully considered a mixed methods approach to research. In shifting thinking from quantitative to qualitative standards, one chapter in this book problematizes the issue of generalizability in qualitative research, confronting the criticism that qualitative research is narrow in terms of its applicability. The author promotes the idea

that in using analytic generalization, qualitative research studies can meet the requirements of generalizability.

Fourth, another challenge for qualitative researchers is determining the number of appropriate participants for a study. This question does not have one answer, as there are many factors to be considered in determining sample size in qualitative research. Among these factors are the research design, the phenomenon under study and its context, the research questions, the availability of the participants, the political-cultural context, etc. This book includes chapters that show how this concept can vary with studies that collect data anywhere from eight to 400 participants. This variation contributes to research on the practice of qualitative research when looking at the methods used to collect these data. For example, those studies which had fewer participants use face-to-face interviews following methodologies such as narrative research and phenomenology. Others used text data collected electronically through email and online websites with a much larger number of participants.

Fifth, in the early part of the 20th century, when qualitative research started to increase in recognition, specially in the field of anthropology and sociology, researchers collected data primarily through face-to-face interactions either by interview or observation. However, with the advent of technology qualitative researchers have begun to explore other modalities of data collection such as the use of email, phone, video, and online talk (Paulus & Lester, 2020; Paulus & Wise, 2019). This new practice has opened a wealth of possibilities and challenges for qualitative researchers. Challenges include issues with ethics, recruitment, technology use and affordances, and learning how to use the new digital tools available. This last challenge is often combined with the challenge of learning qualitative research, particularly for novice researchers.

With this in mind, this book lastly examines teaching and learning qualitative research. In addition to the learning use of software and issues of quality and rigor, a final chapter looks at the graduate student experience with learning qualitative research more generally. A common challenge experienced by post-graduate students is their lack of readiness to conduct research, especially qualitative research. This can be due to a poor research background upon beginning their post-graduate work. They experience challenges with learning about qualitative research generally (Cooper et al., 2012; Roulston & Bhattacharya, 2018), learning theory (deMarrais et al., 2018), and in learning qualitative research in online

contexts (Roulston et al., 2018). Research studies that present methods to help both post-graduate students and instructors of qualitative research in providing methods through which better teaching and learning of qualitative research can occur.

In this book, readers will find qualitative research practices that are rigorous, sound, novel, and innovative. These practices, however, are not exhaustive. As qualitative researchers, we continue to search for better approaches and more effective methods. Moreover, we do not claim that this text provides all the answers to the many questions that beset qualitative research. On the contrary, some of you, after reading this book, may raise more questions than you had before leading to new, generative research. The search for answers for a thoughtful researcher and scholar is a continuous process; hence the questioning may never stop. This process of searching is made more complicated because a researcher is not only searching for solutions to life and societal issues but is, at the same time, honing his or her skill and perfecting a craft.

Hence, our conversation should not stop here. We continue to engage in more frequent and deeper conversations that challenge us, that push us to points of ambiguities and even bewilderment (to borrow the terms of Charmaz). “In the end,” Charmaz said, we “will transform our images of studied life, and [our] research journey will transform” us (Charmaz, 2004, p. 991).

References

- Brandão, C. (2015). P. Bazeley and K. Jackson, *Qualitative Data Analysis with NVivo* (2nd ed.). *Qualitative Research in Psychology*, 12(4), 492-494. <https://doi.org/10.1080/14780887.2014.992750>
- Charmaz, K. (2004). Premises, principles, and practices in qualitative research: Revisiting the foundations. *Qualitative Health Research*, 14(7), 976-993. <https://doi.org/10.1177/1049732304266795>
- Cooper, R., Chenail, R. J., & Fleming, S. (2012). A grounded theory of inductive qualitative research education: Results of a meta-data-analysis. *The Qualitative Report*, 17(52), 1–26. <https://nsuworks.nova.edu/tqr/vol17/iss52/3>
- Costa, A. P., & Amado, J. (2018). *Content Analysis Supported by Software* (1ª). Ludomedia.
- deMarrais, K., Moret, L., & Pope, E. M. (2018). “I found a fit”: Doctoral student narratives of coming to a theoretical home in a qualitative research class. *International Research in Higher Education*, 3(2), 83-98. <https://doi.org/10.5430/irhe.v3n2p83>
- Erlandson, D. A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing naturalistic inquiry: A guide to methods*. SAGE.
- Freeman, M. (2020). Five threats to phenomenology’s distinctiveness. Advance online publication. <https://doi.org/10.1177/1077800420912799>
- Freitas, F., Leite, C. V., de Souza, F. N., & Costa, A. P. (2020). How the “Help” Feature Can Boost the Self-learning Process of CAQDAS: The webQDA Case Study. In *Computer Supported Qualitative Research -*

- New Trends on Qualitative Research (WCQR2019)* (pp. 166–176). https://doi.org/10.1007/978-3-030-31787-4_14
- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1), 42–55. <https://doi.org/10.1177/160940690400300104>
- Humble, A. M. (2012). Qualitative data analysis software: A call for understanding, detail, intentionality, and thoughtfulness. *Journal of Family Theory & Review*, 4(2), 122–136. <https://doi.org/10.1111/j.1756-2589.2012.00125.x>
- Jackson, K., Paulus, T., & Woolf, N. (2018). The Walking Dead genealogy: Unsubstantiated criticisms of Qualitative Data Analysis Software (QDAS) and the failure to put them to rest. *The Qualitative Report*, 23(13), 74–91. <https://nsuworks.nova.edu/tqr/vol23/iss13/6/>
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In Y. S. Lincoln & E. G. Guba (Eds.), *The SAGE handbook of qualitative research* (pp. 87–128). SAGE.
- Paulus, T.M., Evers, J.C., & de Jong, F. (2018). Reflecting on the future of qualitative data analysis software. *The Qualitative Report*, 23(13). <https://nsuworks.nova.edu/tqr/vol23/iss13/1/>
- Paulus, T., Pope, E., Woolf, N., & Silver, C. (2019). “It will be very helpful once I understand ATLAS.ti”: Teaching ATLAS.ti with the Five-Level QDA method. *International Journal of Social Research Methodology*, 22(1), 1–18. <https://doi.org/10.1080/13645579.2018.1510662>
- Paulus, T.M. & Wise, A. (2019). *Looking for insight, transformation and learning in online talk*. Routledge.
- Paulus, T. M. & Lester, J. N. (Under contract for 2020). *Doing qualitative research with digital tools*. SAGE.
- Pope, E. M. (2018). An exploratory literature review: Exploring the literature on interfaith dialogue. In N. H. Woolf & C. Silver (Eds.). *Qualitative analysis using ATLAS.ti: The Five-Level QDA method* (pp. 152–166). Routledge.
- Roulston, K., & Bhattacharya, K. (2018). Teaching qualitative inquiry in the era of the big tent: Presenting proliferation and polyphony. *International Review of Qualitative Research*, 11(3), 251–255. <https://doi.org/10.1525/irqr.2018.11.3.251>
- Roulston, K., Pope, E. M., Paulus, T. M., & deMarrais, K. (2018). Students’ perceptions of learning about qualitative inquiry in online contexts. *American Journal of Distance Education*, 32(3), 190–201. <https://doi.org/10.1080/08923647.2018.1475921>
- Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science*, 8(3), 27–37. <https://doi.org/10.1097/00012272-198604000-00005>
- Schütz, A. (1945). Some leading concepts of phenomenology. *Social Research*, 12(1), 77–97. <https://www.jstor.org/stable/40982061>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75. <https://doi.org/10.3233/EFI-2004-22201>
- Silver, C., & Rivers, C. (2016). The CAQDAS postgraduate learning model: An interplay between methodological awareness, analytic adeptness and technological proficiency. *International Journal of Social Research Methodology*, 19(5), 593–609. <https://doi.org/10.1080/13645579.2015.1061816>
- Tagg, C. (2011). Reflecting on the impact of qualitative software on teaching. *Forum: Qualitative Social Research*, 12(1), 1–10. <http://www.qualitative-research.net/index.php/fqs/article/view/1570>
- Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837–851. <https://doi.org/10.1177/1077800410383121>
- Van Manen, M. (2014). *Phenomenology of practice: meaning-giving methods in phenomenological research and writing*. Left Coast Press.

‘CALCULATED RISK-TAKING’: THE SUCCESS FACTORS OF ENTREPRENEURIAL ACCOUNTANTS

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Abstract. This study explored the ‘meaning’ of being a successful entrepreneurial accountant in Laguna, Philippines, using narrative analysis as a research design. Data were gathered from eight qualified entrepreneurial accountants. We based the analysis of data on the Codes-to-Theory Model proposed by Saldaña (2013), where data underwent a three-level analysis. The findings of the study revealed that the factors that contributed to the success of entrepreneurial accountants are the profound handling of the dynamic integration of the internal and external forces that affect their personal lives and professional endeavors. Specifically, these factors include their profile, personality traits, competencies, opportunities, resources, and business values. These factors are personal and organizational. The study recommends the formation of an association of accounting firms in Laguna to provide a flexible support system to the profession and the SME accounting industry as a whole. This study serves as a foundation on the instigation of further studies on the dynamic integration of professional/technical and entrepreneurial characteristics within a successful individual.

Keywords: Entrepreneurship, Entrepreneurial Accountant, Success Factors, Self-Determination Theory, Narrative Analysis, Codes-to-Theory Model.

1. INTRODUCTION

Professional accountants are commonly associated with being introverts, meticulous, and objectively stern when it comes to ‘getting-things-done’ (Attkisson, 2019; Indeed, 2020; Marinoff, 2016; Pannapacker, 2012). This is contrary to the typical stereotype of entrepreneurs who are creatively flexible, risk-taking individuals (Sixvertical, 2018; Entrepreneur Asia Pacific, 2017; Pupavac, 2015; Tappi, 2005; Caird, 1993). However, what if these characteristics combine? The result – Entrepreneurial Accountants.

Patil (2016) used the term “Accounteneurs” to identify entrepreneurial accountants. He mentioned that “Accounteneurs” chose not to take up a job, but instead to create a business. He defines them as professional accountants who own accounting firms. Thus, entrepreneurial accountants are driven in reaching a specific goal, whether that be an innovation, a state, or a unique service because these individuals do not only have the technical accounting skills but also have the qualities of an entrepreneur.

The presence of entrepreneurial accountants in society led the researchers to explore the meaning of being a successful entrepreneurial accountant. We focused on explaining how entrepreneurial accountants who own small to medium accounting firms became successful

in Laguna, Philippines. Hence, this study aimed to contribute an in-depth theoretical understanding of the gap between the concept and practice of the entrepreneurial accountant phenomenon. Specifically, it focused on exploring the factors behind being a successful entrepreneurial accountant.

2. OBJECTIVES OF THE STUDY

The main purpose of this study is to explore the success factors of the owners of small to medium accounting firms — entrepreneurial accountants. In the Philippines, small and medium enterprises are classified based on asset size or by the number of employees (SEPO, 2012). Small enterprises have Php 3,000,00 – Php 15,000,000 asset or have 10-99 employees. On the other hand, medium enterprises have Php 15,000,001 – Php 100,000,000 or have 100 to 199 employees. To provide an in-depth investigation of the entrepreneurial accountant phenomenon, this study specifically aimed to address the following objectives: (1) to describe the relevant socio-demographic profile of an entrepreneurial accountant; (2) to understand the personality traits and competencies of a successful entrepreneurial accountant; and (3) to discover the available opportunities and resources that affect an entrepreneurial accountant's success.

3. SIGNIFICANCE OF THE STUDY

In the Philippines, based on the 2017 Philippine Startup Survey (PwC Network, 2017), there are around 500 startups businesses today. Barrett (2019) mentioned, "more than 300 of them were founded between the years 2012-2017. More companies are expected to flourish in 2018-2019" (p. 1). This means that an increasing number of new businesses in the country will require the services of entrepreneurial accountants. The purpose of this study was to determine the significant success factors of entrepreneurial accountants who own small to medium accounting firms. Ultimately, this will provide information on how to achieve similar success. Such information is beneficial to aspiring (and even struggling) entrepreneurial accountants. This study is an essential contribution to the economic and taxation improvement of the country.

4. DEFINING SUCCESS IN ENTREPRENEURSHIP

Entrepreneurship is one of the most discussed topics in the field of business and research these past years (Chandra, 2018; Ferreira et al., 2015). Drucker (1985) asserted that it is a form of discipline that can be apprehended or learned. In 1934, Schumpeter (1934)

mentioned that entrepreneurship is not classified as a profession, for it is not a lasting condition. Ghosh (2017) revealed that the failure rate of start-up businesses in the span of five years was over 50% in all companies in the United States and over 70% in a time frame of ten years. This shows that most entrepreneurs today fail in an uncertain moment of time, not abruptly, but eventually (Henry, 2017). However, in the Philippines, the Philippine Entrepreneurship Report of 2015-2016 stated that “Filipinos sustained their high perception on their capability to be an entrepreneur, their belief that there is good business opportunity in the country, and their view that entrepreneurship is a good career option” (Velasco et al., 2017, p. xv).

The epitome of entrepreneurship used as a profession is entrepreneurial accounting. Accountants nowadays not only sit behind desks and balance sheets, but some also commit their work to a service business to practice their profession, known as accounting firms or accounting businesses (Patil, 2016). Probabilities of success and failure are present, but certain vital factors should be considered to become successful in this type of industry. The most common indicator of success in business is profitability (Top Four Indicators to Measure Business Success, 2016). Profitability is the degree to which a business or activity yields profit or financial gain when a firm can use its resources to generate revenues over its expenses. In other words, this is a company's capability to generate profits from its operations.

Success in business is not only measured through monetary means, but also by using metrics such as customer satisfaction. One of the analytics used to measure satisfaction is the Net Promoter Score (NPS), which is an index ranging from -100 to 100 that measures the willingness of customers to recommend a company's products or services to others. It is used as a proxy for gauging the customer's overall satisfaction with a company's product or service and the customer's loyalty to the brand (NICE Satmetrix, 2018). Success in business may also be psycho-social. Entrepreneurs are driven to develop a product or a service that the society needs and to create beneficial relationships (Ferriera, 2020; Padayao, 2019; Top Four Indicators to Measure Business Success, 2016; Okpara, 2007). Although financial assets do not arbitrate success, they are still manifestations of success. Also, there are many aspects in which an entrepreneur's success is distinguished – financially, mentally, personally, and socially within business partnerships (Light, 2006).

Business experts say that success is not served on a silver platter; it is worked hard for. There are building blocks of success that ought to be made known to the industry, more specifically to accounting firms. This study provides information that may bring about more successful entrepreneurial accountants (and entrepreneurs in general) in the coming years.

5. THEORETICAL FOUNDATION

Two significant theories served as the analytical foundation of this study: Human capital theory (Frese & Gielnik, 2014) and opportunity identification theory (Ardichvili et al., 2000; Gaglio & Katz, 2001). Respectively, these theories account for the internal and external factors that influence the distinctive character of entrepreneurial accountants.

Human capital theory (Frese & Gielnik, 2014) states that an individual's acquired knowledge and skills increase his or her ability to conduct activities relevant to economic value. In general, the theory argues that psychological and cognitive aspects have a function in the identification of goals and formulation of action strategies. These human capital aspects are intrinsic, considering their locus of origin.

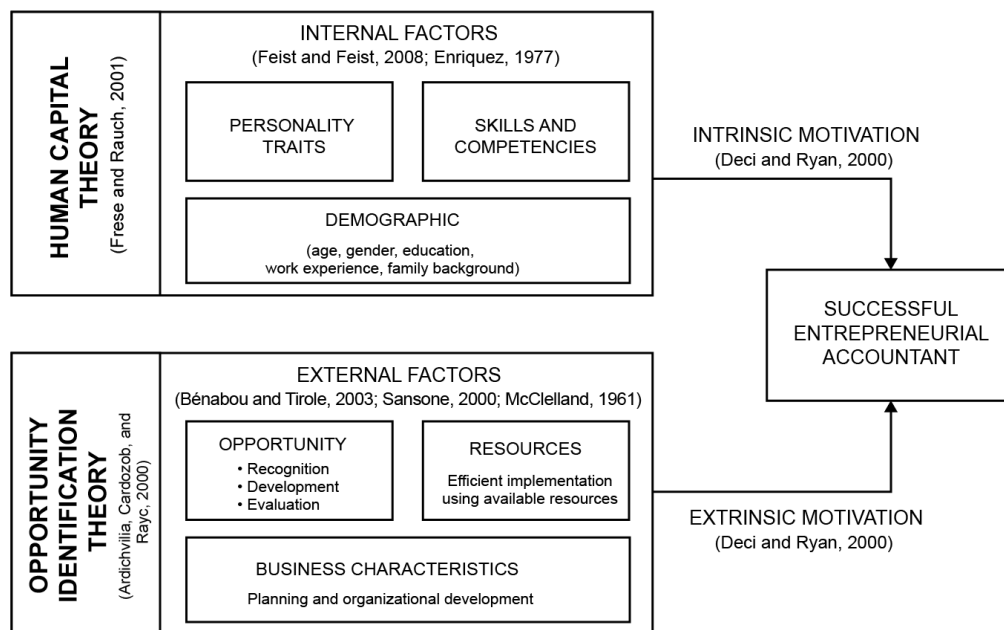


Figure 1. The Theoretical Framework of this Study

On the other hand, opportunity identification theory (Ardichvili et al., 2000; Gaglio & Katz, 2001) posits that entrepreneurial alertness is a necessary condition for the identification of business opportunities. According to this theory, opportunity identification is a triad composed of recognition, development, and evaluation.

This argument was supported by Morato (2018), where he stated that successful entrepreneurs seek, screen, and seize an opportunity. He stipulated that identified opportunities are external conditions beneficial to the entrepreneurial accountant.

Self-determination theory serves as nexus that makes a continuum of the above-stated theories (Ryan & Deci, 2000). It is a psychological theory of motivation that aims to explain an individual's goal-directed behavior. Intrinsic motivation represents the most self-determined or autonomous. In contrast, extrinsic motivation (or controlled motivation) characterizes those activities that gain outcomes in terms of rewards or avoidance of punishments, and perceived autonomy is low (Deci & Ryan, 2000). Figure 1 above presents the theoretical framework that guided this study. It demonstrates the relationship of ideas and the in-depth systematic analysis of the internal (human capital) and external (opportunity identification) success factors of entrepreneurial accountants.

The theories mentioned above were strongly supported by other theories germane to the constructs discussed in this study. The theories relevant to the internal factors were the psychological theories of personality (Feist & Feist, 2008; Pe-Pua & Protacio-Marcelino, 2000) and motivation (Bénabou & Tirole, 2003; Sansone, 2000; McClelland, 1961). The external factors were supported by the theories under the lens of the following perspectives/views: (a) the industrial-level factors view (industrial-organizational perspective) relevant to Porter's five forces model (Porter, 2008); (b) resource-based view relevant to the Valuability-Rareability-Imitability-Organization model or VRIO Model mentioned by Husso and Nyabakk (2010); and (c) the strategy process view relevant to the competitive positioning model by Hedman and Kalling (2003).

6. METHODOLOGY

This study focused on qualitative research methodology, specifically narrative analysis, to gather, analyze, and interpret data. "Qualitative research is an inquiry process of understanding based on distinct methodological traditions on inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports details of informants and conducts the study in a natural setting" (Creswell, 1998, p. 15).

7. RESEARCH DESIGN

We used narrative analysis as the research design for this study. We focused on the experiences of the entrepreneurial accountants embedded in the success stories that

participants shared with the researchers. We summarized their stories into single narratives telling their distinct successes as entrepreneurial accountants. We clustered their narratives into three distinct phases: (1) “before” establishing their accounting firms (when they were still employed accountants); (2) “during” the time when they started to establish their firms where they met various hurdles and challenges along the process; and (3) “after” they that have stabilized their operations and established their reputations.

7.1 Research Participants

We gathered primary data from eight qualified entrepreneurial accountants in the Province of Laguna in the Philippines. We selected participants based on the following criteria: (a) must be a Certified Public Accountant (CPA); (b) must be an owner of an accounting firm; and (c) his/her accounting firm must have been operational for a minimum of 5 years already.

7.2 Data Collection

We gathered data using interviews. Research peers and business professionals carefully scrutinized and validated the researcher-made guide questions. The interview guide was composed of five (5) main questions, specifically focusing on the participants' demographic profile (structured using a checklist for ease of use), the perceived personality traits, competencies, opportunities, and resources. The questions were asked conversationally, yet maintaining the thematic structure of the interview.

We used individual face-to-face interviews and an average interview would last from 20-30 minutes. The interviews were audio-recorded following ethical standards on informed consent, confidentiality and anonymity.

We transcribed the gathered interview data. Significant quoted texts were translated from the Filipino language Tagalog into English. We did not translate text that was not significant, such as repetitive words or phrases, interjections, or non-relevant statements. Qualified language experts and accounting professionals then reviewed the translations.

The researchers also created participant narratives by rewriting the stories of the participants into narratives. Each participant shared their experiences following the three phases of their narratives ('before', 'during', and 'after'). The narratives (stories) were returned to the respondents for validation of the correctness of the content. The researchers ensured that

their re-telling of the stories of the participants are aligned to their original context and ideas. Both interview transcripts and participant narratives served as raw data for analysis.

7.3 Ethical Considerations

We anticipated ethical issues arising from this research study considering that we collected data from the lived experiences of the participants. We protected the welfare of the research participants in the whole process of this research. We used the following safeguards proposed by Vilorio (2018) to ensure observance of ethical research practices: (1) we developed trust with the research participants to promote the integrity of the study; (2) we respected their rights, needs, and values; (3) we gave all participants written informed consent of their participation in the study, indicating therein that their participation was voluntary and they could withdraw from the study anytime without any questions asked or obligations; and (4) we kept the personal identity of the participants and their organizational affiliations confidential.

7.4 Data Analysis

We based data analysis on the Codes-to-Theory Model proposed by Saldaña (2013), where data underwent a three-level analysis phase: (1) coding; (2) categorizing; and (3) forming themes/ideas. As we rigorously analyzed data, through several reading stages, we developed a code system. This analysis technique helped us move from a broad reading toward the discovery of patterns in the information and empirical insight about the entrepreneurial accountant phenomenon. We rigorously created the themes in this study through careful reading and re-reading of transcribed data and extensive formation, interpretation, interrelation, and clustering of ideas and theories about the topic.

We identified the following major themes as relevant to the objectives of the study: (1) the entrepreneurial accountants who are middle-aged are very positive and passionate about accounting; (2) entrepreneurial accountants possess specific traits we categorized as character traits, professional traits, and entrepreneurial traits; (3) entrepreneurial accountants maximize available resources and opportunities; and (4) entrepreneurial accountants define characteristics of their business organization through careful planning and organization development.

7.5 Trustworthiness

To ensure the trustworthiness of the findings, we applied credibility, transferability, dependability, and confirmability as criteria to ensure the soundness of the results. We based these on the criteria proposed by Lincoln and Guba (1985). According to Lincoln and Guba (1985), these criteria are analogously comparable to the traditional measurement in judging the soundness of quantitative research, as indicated by Table 1 below.

Table 1. *Criteria in Judging the Soundness of Qualitative Research and its Analogous Criteria in Quantitative Research.*

QUALITATIVE RESEARCH	QUANTITATIVE RESEARCH
Credibility	Internal validity
Transferability	External validity
Dependability	Reliability
Confirmability	Objectivity

8. FINDINGS

The findings of this study reveal that the factors that contributed to the success of entrepreneurial accountants are the profound handling of the dynamic integration of the internal and external forces that affect their personal lives and professional endeavors. Specifically, these factors include their profile, personality traits, competencies, opportunities, resources, and business values. These inputs (success factors) are personal and organizational.

9. THE PROFILE OF AN ENTREPRENEURIAL ACCOUNTANT

The socio-demographic profile of the participants was relevant to their journey toward success. The average age of the participants was forty-six (46) years old. This finding is explicitly in line with the findings in Wadhwa et al. (2009). They found that the average entrepreneur was 40 years old when launching their first start-up — and the average age of high-growth start-up founders is 45 years old. The majority of them are female. According to Fetsch, Jackson, and Wiens (2015), in a study on women entrepreneurs conducted by the Kauffman Foundation (2015), it was found out that majority of entrepreneurs are female because (1) women entrepreneurs have a more subtle yet holistic understanding of risk, identifying as financial risk-takers more strongly than men while remaining concerned about reckless risk-taking activities and (2) Women exhibit remarkable determination than their male counterparts to become successful entrepreneurs.

Successful entrepreneurial accountants had their own families and had established their accounting firms on their own or through partnership. They strictly emphasized that accountancy, which was their academic background, was their passion. They added that at the current stage of their lives, having a work-life balance was very important. In an interview with 35 successful entrepreneurs conducted by Entrepreneur Asia Pacific in 2018 (Zipkin, 2018), they mentioned that most interviewees admitted that an entrepreneur could not have a work-life balance. On the other hand, they also emphasized that launching a company was all-consuming, yet they all assert that it is vital to make time in their busy schedule to do things that they love and enjoy time with their loved ones (Zipkin, 2018; Sutevski, 2020).

Table 2 below presents a summary of the demographic profile of the data sources.

Table 2. The Demographic Profile of the Participants in this Study

Participant	Age	Gender	Educational Background	Civil Status	Have children	Form of ownership
1	56	female	CPA	married	yes	sole proprietorship
2	31	female	CPA	single	no	sole proprietorship
3	55	male	CPA, CMA	single	yes	sole proprietorship
4	42	female	CPA, MBA, PhD	partnership	yes	partnership
5	40	female	CPA	partnership	yes	sole proprietorship
6	45	female	CPA	partnership	yes	sole proprietorship
7	55	female	CPA	partnership	yes	partnership
8	48	male	CPA	partnership	yes	partnership

9.1 The Traits and Competencies of a Successful Entrepreneurial Accountant

The narratives of the research participants revealed a unique concoction of personality traits and competencies that describes the entrepreneurial accountant. In this research study, we define personality traits as the manifestation of personal thoughts, feelings, and behavior underlying the individually different personality of an individual (Diener & Lucas, 2020; Gurven et al., 2013). On the other hand, competencies are defined in this study as the set of knowledge and skills required to successfully perform certain tasks or profession (Burrus et al., 2017; Sturgess, 2012). The personality traits and competencies of a successful entrepreneurial accountant emerged from the stories of the research participants in this study.

9.2 Traits

The participants described the traits of a successful entrepreneurial accountant. We categorized these traits as: (1) character traits, (2) professional traits, and (3) entrepreneurial traits, as outlined in Table 3 below. Participants consistently stressed honesty (or

transparency), partnered with accuracy, as the most important personality trait that a successful entrepreneurial accountant should possess. This trait was strongly supported by other positive professional and entrepreneurial traits mentioned by the participants.

Table 3. The Traits of Entrepreneurial Accountants

Character Traits	Professional Traits/Skills	Entrepreneurial Traits
– honesty	– leadership (transactional)	– being a risk-taker
– positive thinking	– presence and time management	– visionary
– God-fearing	– being a problem-solver	– determined
– family-oriented	– goal-oriented	– dedicated
– passionate	– being able to let the clients understand the meaning of their numbers	– goal-oriented
– dedicated		– focused
– relaxed/calm		– hard-working
– motivated		
– mindful		
– being approachable and a good listener		

9.3 Character Traits

Honesty is the most common character trait, according to the participants. Certified public accountants are capable of preparing financial reports; this means that they have the know-how to “manipulate” financial data to come up with desired numeric results. Hence, honesty is a character trait that an entrepreneurial accountant must possess. According to Participant 1, “honesty is the best policy.” When the researchers asked Participant 3 what he possessed that led his firm to success; he answered, “transparency.” Participants 2, 4, 5, and 6 also shared the same idea; that a successful entrepreneurial accountant is honest. An honest entrepreneurial accountant will always successfully earn clients’ trust. According to the research participants, trust is important because confidential financial matters should always be handled professionally and truthfully.

According to the research participants, accounting firms usually have piled workloads and stressful deadlines to meet, which significantly affects the work atmosphere of the office. During these challenging and chaotic situations, being a positive thinker helps to get things done. Participant 3 showed positivity when asked how he motivates himself when in difficult and complicated situations. He answered, “I need to keep moving, not only for myself but also for the people around me.” Participant 4 added that “I go to the salon to refresh my mind.” This shows that the participants do not let stressful situations distract them. They find

time to refresh and come back stronger and ready to face daily challenges. The research participants emphasized that positive thinking sustains the psychological balance and work motivation of the entrepreneurial accountant.

The participants also revealed that successful entrepreneurial accountants are God-fearing individuals. Being religious (faithful) helps them become more positive, strong, and courageous in facing daily work challenges. Participant 4 said that in difficult times, may they be personal or inside her firm, she always "pray[s] for guidance, because it is essential." Participant 1 professed that it was God who helped her firm to achieve stability. The research participants consistently recognized that success in their accounting firm is God's work.

According to the participants, successful entrepreneurial accountants are also family-oriented. The participants commonly shared that, for them, their family (especially their children) inspires them to become better people and leaders of their firm. Their family is what pushes them to keep doing what they do. Participant 3 articulated his definition of success as "being able to provide for the needs of my family — each of my eight children already has been given their own houses to secure their future." He added, "I am already successful because my kids will no longer suffer the way I did."

The participants also commonly shared that "loving what you do" (or being passionate with one's work), being relaxed, being motivated, being mindful, being approachable, and being a good listener are also traits present in a successful entrepreneurial accountant. The entrepreneurial accountant might appear brisk during challenging and stressful situations, yet they are more aware of all opportunities and threats in the business environment. Hence, in the end, they can make the right decisions (Roberts, 1989).

9.4 Professional Traits/Skills

The successful entrepreneurial accountant possesses the following professional traits/skills: (1) leadership; (2) presence and time management; (3) being a problem solver; (4) being goal-oriented; and (5) clearly explaining the meaning of their numbers to clients (i.e., providing foolproof financial reports) (Schloemer, 2015).

Entrepreneurial accountants are transactional leaders. As managers of their firms, the participants conveyed leadership qualities that fit Weber's definition of a transactional leader — "the exercise of control based on knowledge" (Sapru, 2008, p. 302). The premise is that it

is an exchange of some sort between the leader and the follower (Miller, 2009). The stories of the entrepreneurial accountant about their professional undertakings relate to the dimensions of transactional leadership style cited by St. Thomas University (2018). These dimensions are: (a) contingent reward, or the process of setting expectations and rewarding workers for meeting them; (b) passive management by exception, where the entrepreneurial accountant, as the manager, does not interfere with workflow unless an issue arises; and (c) active management by exception, in which the entrepreneurial accountant anticipates problems, monitors progress and issues corrective measures.

Participant 3, being the owner and manager of his accounting firm, stated that his time is more flexible compared to other professionals. However, he still needs to be present at work for his clients and employees. Though his time is limitless, and he can just give instructions to his employees to operate the business, he chooses to prioritize his managerial responsibilities in his accounting firm. This is one characteristic of a good time manager. The participants indicated that entrepreneurial accountants should possess this. Inside the firm, challenges are present daily.

All of the participants asserted that “problems are meant to be solved.” In one scenario, Participant 5 said that to address delicate situations like angry clients, they tend to lighten the mood by having a meeting in a cozy cafe or hotel. That way, they can handle them better. Participant 8 added that “being a problem solver means that you do not avoid compromising situations for they are always there, but rather you tackle them in a very confident and smart way.”

The participants described that a successful entrepreneurial accountant would never give up on achieving his/her dreams. Participant 3 narrated that he was a janitor before he became a successful firm owner. Participants 2 and 4 told the researchers that it was their dream since they were still young to become accountants and own an accounting firm someday. This data indicates that successful entrepreneurial accountants are goal-oriented.

In line with the character trait honesty, participants indicated that entrepreneurial accountants should let their clients know the meaning of the figures in their financial reports. They can explain what, why, and how the values amounted. Such a characteristic builds client confidence and retention.

9.5 Entrepreneurial Traits

Another set of traits that are present in successful entrepreneurial accountants are being: (1) a risk-taker; (2) a visionary; (3) determined; (4) dedicated; (5) goal-oriented; (6) focused; and (7) hardworking. We classified these traits as entrepreneurial traits because they also manifest in most entrepreneurs (Barringer & Ireland, 2015). The most prominent of these traits in entrepreneurial accountants are being calculated risk-takers and having a defined vision for their accounting firms.

Entrepreneurial accountants are risk-takers. However, the participants explained that not all opportunities must be taken. They must assess them first and calculate the risks before deciding to take them on. They must calculate or assess risks so that they can prevent loss in the end. This is for their firm to be secure and sustainable.

In line with being risk-takers, entrepreneurial accountants are “visionaries.” They do not settle; they make room for improvement and always seek opportunities for innovation. Technology provides one such opportunity. They update themselves with enough technology literacy and tools relevant in their field.

9.6 Competencies

The data also revealed that successful entrepreneurial accountants capitalize on the following competencies: (1) good communication and interpersonal skills; and (2) exceptional technical (accounting and taxation) skills. The participants said that having these competencies helped them grow their accounting firms and gave them a competitive advantage in the accounting services industry.

9.7 Communication and Interpersonal Skills

The research participants mentioned that communication refers to how the entrepreneurial accountant approaches the clients and how the client approaches the entrepreneurial accountant. Having good people skills makes clients feel that the entrepreneurial accountant is not just after professional fees. They added that the successful entrepreneurial accountant knows several people skills that include communication, empathy, conflict resolution, patience, and tolerance.

9.8 Exceptional Technical (Accounting and Taxation) Competencies

Technical skills are the skills and knowledge required to carry out specific tasks. Successful entrepreneurial accountants are updated in the field of accounting because there are always new technologies that they can use, and there are specific new tax rules that should be obeyed. Participant 3 shared:

Honestly, have I had the [urge] to help people – taxpayers – because of the number of our media chimneys? Our advocacy is to stop corruption. The problem is that the country's Bureau of Internal Revenue (BIR) cannot stop corruption because of the rampant practice of bribery. Who are the bribers? The taxpayers... Our clients would usually tell us, "Do I have to pay this much (tax)? I don't want to, please help me... I'll just take care of you."

Participant 3's disclosure, though stated in a morally unconventional manner, revealed that an entrepreneurial accountant with adequate expertise in making unnoticeable adjustments in financial reports tends to be more attractive to a number of business clientele.

9.9 Opportunities and Resources of the Successful Entrepreneurial Accountant

These entrepreneurial accountants also associated their success by seizing opportunities. The participants highlighted opportunities as internal and external. Internal opportunities are mainly focused on the internal business environment, which include factors within the control of the company that has an impact on operational success, such as having potentially skilled employees. Participant 5 mentioned, "The best asset of this accounting firm is our human resources! Honest and loyal partners (employees) are hard to find. They are as important as our clients!" Her narrative supported this statement that as part of valuing her employees, she usually initiates company field trips and parties. Modern business organizations highlight that the most critical resource in a business is the human resources – the employees behind every successful product (Ferres, 2015).

They also regarded external opportunities as strong market demands. They said that creating a demand for their accounting services through effective marketing techniques is the foundation of such an opportunity. According to the participants, educating other business owners (their potential clients) about the importance of having an efficient accounting and taxation arm was essential to the growth of their businesses. It is crucial to maintain good relationships with customers and creating a new market by educating potential clients. The entrepreneurial accountants' narratives agree with the blue ocean strategy (Chan Kim & Mauborgne, 2015). "To stand apart in these overcrowded markets, you (entrepreneur) need to be creative through value innovation" (Chan Kim & Mauborgne, 2015, p. xix).

Also, we also found that entrepreneurial accountants make good use of available resources (specifically technical expertise, technology, and adequate facilities). This significantly helped them. We labeled the resources as soft and hard resources. Soft resources are intangible assets possessed by the entrepreneurial accountants. These intangible assets are in the form of knowledge, skills, experience, and a good business foundation that has been acquired through continuous learning in the full timeframe of working in the field. The research participants associated hard resources as tangible assets in the form of money, technology, equipment, and facilities. According to the participants, having the capacity to finance their day to day operations is important, and, for a service form of business such as the accounting firm, starting a firm does not require a large amount of capital.

With the proper allocation of business resources possessed by entrepreneurial accountants, they can achieve the maximum efficiency in performance. Applied learnings that have been acquired in the full timeframe of business operations allowed the participants to earn and develop soft resources. Hard resources are tangible assets that they acquired through financing. The participants emphasized that it is important to know the value of these resources to capitalize on them.

The management approach of the entrepreneurial accountants is congruent with the resource-based view (RBV) in management developed in 1980s. RBV suggests that organizations should look inside the company to find the sources of competitive advantage instead of looking at a competitive environment. And it posits that the competitive advantage lies primarily in the application of a bundle of valuable tangible or intangible resources at the organization's disposal (Jurevicius, 2013; Madhani, 2010).

10. THE CHARACTERISTICS OF THE BUSINESS ORGANIZATIONS OF THE ENTREPRENEURIAL ACCOUNTANTS

Different entrepreneurial accountants have different thoughts and strategies when it comes to running their existing business organizations (accounting firms). Through the narratives of the participants, we identified the distinct characteristics of the business organizations of the successful entrepreneurial accountant, namely: (1) business expertise; (2) credibility; (3) values; and (4) marketing strategy.

The business expertise of the entrepreneurial accountant is the prowess in the field of accounting and business. In order to have proficiency in an accounting firm, the organization

itself must possess excellence when it comes to accounting and finance management. The accounting firm must have updated taxation information, provide good service, and be eloquent when coordinating information to both potential and current clients. Participants 1 through 6 emphasized that "providing good customer service can only be achieved when the accounting firm has accurate knowledge and is equipped with updated technical accounting know-how" (Participant 4). Participants also emphasized the importance of identifying the core values in their accounting firms. They repetitively mentioned the core values they practice inside their firms. The following emerged as most relevant:

- honesty;
- transparency;
- paying of proper taxes and adhering to the government laws;
- considering the importance of every client;
- focus;
- hard work;
- resilience, or learning from failures;
- trust;
- respect; and
- discipline.

Finally, participants indicated a marketing strategy is a critical tool in any business or organization. They emphasized that it ensures the accounting firm to have more clients because of "popularization" and "recognition." Successful accounting firms achieve this by word of mouth and a strong online presence. Participant 1 stated that "being updated with the latest (on-line marketing) trends is a big benefit to my firm." Participant 3 also said that being present online or using the aid of social media (or even web pages) gives his accounting firm a competitive advantage. Because of his active presence on-line, he was able to serve clients in Davao City (Mindanao) even though his accounting firm is physically located in Laguna (Luzon).

11. CONCLUSION AND RECOMMENDATIONS

Successful entrepreneurial accountants are in the age of early thirties and above, family-oriented, and acquired their accounting firms on their own (Wadhwa et al., 2009; Fetsch et al., 2015; Zipkin, 2018; Sutevski, 2020).

Their form of ownership is mainly sole proprietor and partnership. Certified public accountants (CPAs) are the most effective entrepreneurial accountants. The demographic profile of the entrepreneurial accountants in this study implies that their success was driven by maturity, responsibility, and the accounting profession.

These entrepreneurial accountants were successful because they have reached a certain age where they already have the sense of being in charge and taking care of their families.

Entrepreneurial accountants are calculated risk-takers. They are quick in calculating possible losses and returns of a business opportunity (Fetsch et al., 2015).

However, unlike the typical accountant, the entrepreneurial accountant is more courageous to undertake challenges in starting their accounting firms. With the strategic use of available resources (soft and hard), the entrepreneurial accountant can face business challenges and sustainably direct his/her business towards success (Kaplan, 2012; Damelio, 2011; Hedman & Kalling, 2003). Different entrepreneurial accountants have different views on being successful. Driver (2017) mentioned that for an entrepreneur, there are many facets to distinguish success, whether success financial, cognitive, intrapersonal, interpersonal, or social fulfillment.

The meaning of being a successful entrepreneurial accountant is one who has not just mastered the techniques of accounting and taxation, nor has achieved the full growth of his/her enterprise. To an entrepreneurial accountant, it is also crucial to integrate the factors mentioned above with a strong, balanced character and excellent management and leadership skills (Light, 2006). A successful entrepreneurial accountant can start and grow a profitable business (Top Four Indicators to Measure Business Success, 2016), creates market and customers loyalty (NICE Satmetrix, 2018), builds and maintains good business relationships (Padayao, 2019; Top Four Indicators to Measure Business Success, 2016; Okpara, 2007), can balance personal work-life space (Zipkin, 2018; Sutevski, 2020), and contributes to the welfare of the society (Light, 2006; Ferriera, 2020).

This study summarized the success factors of an entrepreneurial accountant through the theoretical model, illustrated in Figure 2 below. The model shows the internal and external factors that define a successful entrepreneurial accountant.

These factors are ingredients (personal and organizational inputs) towards positive results (outputs) in their lives, giving them control over self-fulfillment (internal/personal) and even monetary/material rewards (external).

On the bases of gathered literature, findings, and conclusions of this study, the following are recommended further to enhance the accounting firm industry in Laguna and to extend academic understanding about the research topic. First, we recommend the formation of an Association of Accounting Firms in Laguna, commencing at the local level and eventually reaching out to other regions.

As stated by the entrepreneurial accountants who participated in this study, the accounting firm industry needs to be empowered. According to the research participants, empowerment should come from themselves and should start as early as possible to create standard practices as businesses continue to arrive and grow in the area.

Through a well-established association, accounting firms and their clients will benefit from the advantages of operational standardization and a smooth communication network.

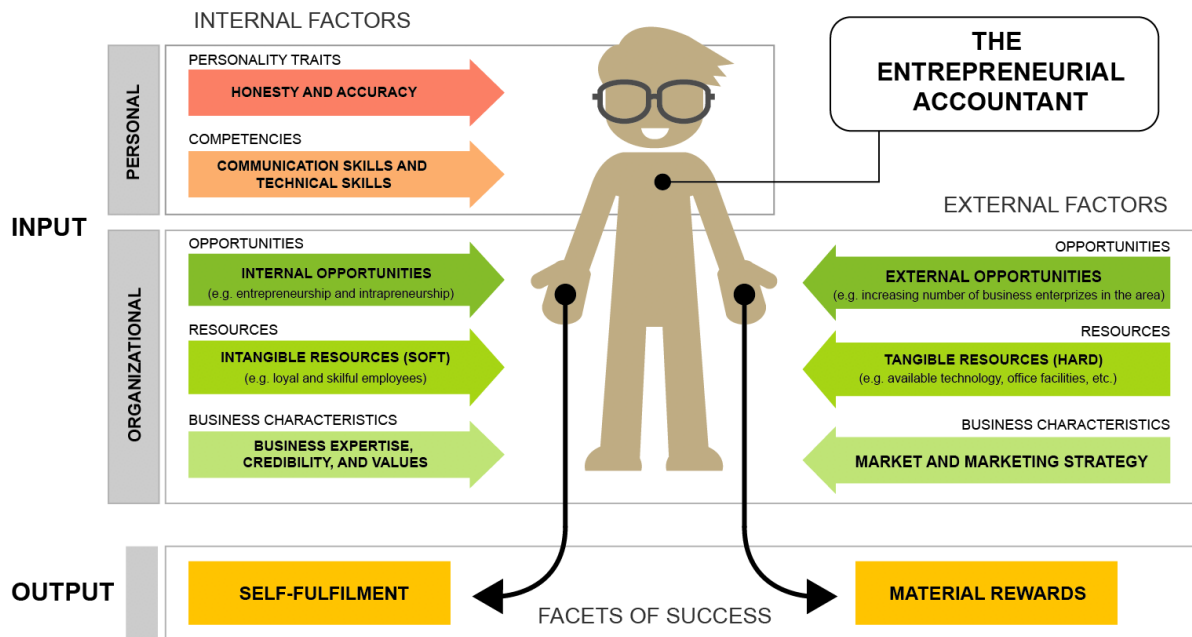


Figure 2. The Entrepreneurial Accountant Model

We also recommend the instigation of further academic studies on this research area to enhance understanding of the entrepreneurial accountant model. Researchers should conduct further investigations to focus on the forces that influence the outcomes of the success of an entrepreneurial accountant, specifically on the external forces that affect the demands and expectations of clients, and on the level of quality of business relationship among business engaged in exchange transactions. This study serves as a foundation for further research on the dynamic integration of professional/technical and entrepreneurial characteristics within a successful individual. We recommend additional studies on the entrepreneurial accountant phenomenon, specifically through quantitative approaches to test the significance of the variables and to determine cultural generalizability.

12. REFERENCES

- Ardichvili, A., Cardozo, R., & Ray, S. (2003). A theory of entrepreneurial opportunity identification and development. *Journal of Business Venturing*, 18(1), 105-123. [https://doi.org/10.1016/S0883-9026\(01\)00068-4](https://doi.org/10.1016/S0883-9026(01)00068-4)
- Attkisson, A. (2019, February 27). 15 Great Jobs for introverts. *Business News Daily*. <https://www.businessnewsdaily.com/5126-best-jobs-introverts.html>
- Barrett, L. (2019, February 21). 10 facts about the status of startups in the Philippines today. *Manila Recruitment*. <https://manilarecruitment.com/manila-recruitment-articles-advice/facts-about-status-startups-philippines/>
- Barringer, B., & Ireland, R. (2015). *Entrepreneurship: Successfully launching new ventures* (5th ed.). Pearson.
- Bénabou, R., & Tirole, J. (2003). Intrinsic and extrinsic motivation. *The Review of Economic Studies*, 70(3), 489-520. <https://doi.org/10.1111/1467-937X.00253>
- Burrus, J., Mattern, K., Naomi, B., & Roberts, R. (2017). *Building Better Students: Preparation for the Workforce*. Oxford University Press. New York. ISBN 978-0-19-937322-2.
- Caird, S.P. (1993). What Do Psychological Tests Suggest about Entrepreneurs?. *Journal of Managerial Psychology*, 8(6), 11-20. <https://doi.org/10.1108/02683949310047428>
- Chan Kim, W., & Mauborgne, R. (2015). *Blue Ocean Strategy*. Harvard Business School Publishing Corporation, USA. ISBN: 978-1-62527-449.
- Chandra, Y. (2018, January 4). Mapping the evolution of entrepreneurship as a field of research (1990–2013): A scientometric analysis. *PLoS ONE*, 13(1), 1-23. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0190228>
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. London: Sage. ISBN: 9781506381282
- Damelio, R. (2011). *The Basics of Process Mapping* (2nd edition). CRC Press. Boca Raton, Florida. ISBN 9781439863183.
- Deci, E. L., & Ryan, R. M. (2000). The 'what' and 'why' of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227-268. https://doi.org/10.1207/S15327965PLI1104_01
- Entrepreneur Asia Pacific. (2017, September 11). Do Extroverts Have an Advantage in Entrepreneurship? <https://www.entrepreneur.com/article/299999>

- Diener, E. & Lucas, R. E. (2020). Personality traits. In R. Biswas-Diener & E. Diener (Eds), Noba textbook series: Psychology. Champaign, IL: DEF publishers. Retrieved from <http://noba.to/96u8ecgw>
- Driver, S. (2017, September 19). 16 Entrepreneurs Share their Definitions of Success. Business News Daily. <https://www.businessnewsdaily.com/8902-entrepreneurs-define-success.html>
- Drucker, P. (1985). Innovation and entrepreneurship. HarperCollins.
- Feist, J., & Feist, G. (2008). Theories of personality (7th ed.). McGraw Hill.
- Ferreira, M. P., Reis, N. R., & Miranda, R. (2015). Thirty years of entrepreneurship research published in top journals: Analysis of citations, co-citations and themes. *Journal of Global Entrepreneurship Research*, 5(1), 17. <https://doi.org/10.1186/s40497-015-0035-6>
- Ferres, Z. (2015, May 11). The Human Element: Your Most Important Business Resource. *Entrepreneur Asia Pacific*. <https://www.entrepreneur.com/article/245848>
- Ferrera, N. (2020, Jan 14). What is Entrepreneurship? Entrepreneur Definition and Meaning. Oberlo. <https://www.oberlo.com/blog/what-is-entrepreneurship>
- Fetsch, E., Jackson, C., & Wiens, J. (2015, July 17). Women Entrepreneurs are Key to Accelerating Growth. Ewing Marion Kauffman Foundation. <https://www.kauffman.org/resources/entrepreneurship-policy-digest/women-entrepreneurs-are-key-to-accelerating-growth/>
- Frese, M., & Gielnik, M. (2014). The Psychology of Entrepreneurship. *Annual Review of Organizational Psychology and Organizational Behavior*, 1(1), 413-438. https://www.researchgate.net/publication/275070998_The_Psychology_of_Entrepreneurship
- Gaglio, C. M., & Katz, J. A. (2001). The psychological basis of opportunity identification: Entrepreneurial alertness. *Small Business Economics*, 16(2), 95-111. <https://doi.org/10.1023/A:1011132102464>
- Ghosh, S. (2017). Startup Business Failure Rate by Industry. Statistic Brain Research Institute. <https://www.statisticbrain.com/startup-failure-by-industry/>
- Gurven, M., Rueden, C., Massenkoff, M., Kaplan, H. & Lero Vie, M. (2013). How Universal Is the Big Five? Testing the Five-Factor Model of Personality Variation Among Forager–Farmers in the Bolivian Amazon. *Journal of Personality and Social Psychology*, 104(2), 354–370. <https://www.apa.org/pubs/journals/releases/psp-104-2-354.pdf>
- Hedman, J., & Kalling, T. (2003). The business model concept: Theoretical underpinnings and empirical illustrations. *European Journal of Information Systems*, 12(1), 49-59. <https://doi.org/10.1057/palgrave.ejis.3000446>
- Henry, P. (2017, February 18). Why some startups succeed (and why most fail). *The Entrepreneur Asia Pacific*. <https://www.entrepreneur.com/article/288769>
- Husso, M., & Nyabakk, E. (2010). The importance of internal and external factors when adapting to environmental changes in SME sawmills in Norway and Finland: The manager's view. *Journal of Forest Products Business Research*, 17, 14pp. <https://www.semanticscholar.org/paper/Importance-of-Internal-and-External-Factors-when-to-Husso-Nybakk/2e482eb2fc7959c7cfd1b6c4a44927d0b3cdf28e>
- Indeed. (2020, March 12). 15 Best jobs for introverts. Indeed Career Guide. <https://www.indeed.com/career-advice/finding-a-job/15-best-jobs-for-introverts>
- Jurevicius, O. (2013, September 26). Competitive Advantage. *Strategic Management Insight*. <https://strategicmanagementinsight.com/topics/competitive-advantage.html>
- Kaplan, S. (2012). *The Business Model Innovation Factory*. Wiley. USA. ISBN 1118149564.

- Kauffman Foundation (2015, July 20). Women Entrepreneurs are Key to Accelerating Growth. Entrepreneurship Policy Digest, Kauffman Foundation. https://www.kauffman.org/wp-content/uploads/2019/12/women_entrepreneurs_are_key_to_accelerating_growth.pdf
- Light, P. (2006). Research on social entrepreneurship: Understanding and contributing to emergent field. ARNOVA Occasional Paper Series, 1(3), 13-38. https://cdn.ymaws.com/arnova.site-ym.com/resource/resmgr/Publications/ARNOVA_Research_on_Social_En.pdf
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.
- Madhani, P. (2010, March 26). Resource Based View (RBV) of Competitive Advantage: An Overview. In Madhani, P, (Ed), *Resource Based View: Concepts and Practices* (pp. 3 -22). ICFAI University Press. https://www.researchgate.net/publication/45072518_Resource_Based_View_RBV_of_Competitive_Advantage_An_Overview
- Marinoff, E. (2016, July 29). An introvert's 5 tips for career success. Huffpost. https://www.huffpost.com/entry/an-introverts-5-tips-for-career-success_n_577eb908e4b0c590f7e8992a
- McClelland, D. (1961). *The Achieving Society*. Martino Fine Books, USA. ISBN 1891396390.
- Miller, K. (2009). *Organizational Communication: Approaches and Processes*. Wadsworth Cengage Learning. ISBN 0-495-56551-2.
- Morato, E. (2018). *Entrepreneurship*. Rex Printing Company. ISBN 978-971-23-7810-2.
- NICE Satmetrix (2018, June 12). What is net promoter?. NICE. <https://www.nice.com/engage/press-releases/NICE-Satmetrix-Releases-US-Net-Promoter-Score-Benchmarks-for-2018-Revealing-Customer-Loyalty-Leaders-in-23-Industries-622/>
- Okpara, F. (2007, September). The value of creativity and innovation in entrepreneurship. *Journal of Asia Entrepreneurship and Sustainability*, 3(2), np. <http://www.asiaentrepreneurshipjournal.com/AJESII2Okpara.pdf>
- Padayao, P. (2019, April 26). Exploring the dynamics of contexts in the industrial canteen concession industry in Laguna, Philippines [Conference paper]. RSU International Research Conference 2019. <https://rsucon.rsu.ac.th/proceeding/article/1614>
- Pannapacker, W. (2012, April 15). Screening out the introverts. *The Chronicle of Higher Education*. <https://www.chronicle.com/article/Screening-Out-the-Introverts/131520>
- Patil, H. R. (2016). *Accountaneur: The Entrepreneurial Accountant*. CPA Trendlines Research. East Hampton, New York. ISBN 978-0692709092.
- Pe-Pua, R., & Protacio-Marcelino, E. (2000). Sikolohiyang Pilipino [Filipino Psychology]: A legacy of Virgilio G. Enriquez. *Asian Journal of Social Psychology*, 3(1), 49-71. <https://onlinelibrary.wiley.com/doi/pdf/10.1111/1467-839X.00054>
- Porter, M. E. (2008, January). The five competitive forces that shape strategy. *Harvard Business Review*, 79-93. <https://hbr.org/2008/01/the-five-competitive-forces-that-shape-strategy>
- Pupavac, D. (2015). Extroverted personality as an advantage in entrepreneurship. *Obrazovanje za poduzetništvo - E4E [International Journal of Entrepreneurship Education]*, 5(2), 133-143. <https://hrcak.srce.hr/149535>
- PwC Network (2017). 2017 Philippine Startup Survey. Off to a great start: The Philippine Startup ecosystem. <https://www.pwc.com/ph/en/ceo-survey/2017/pwc-qbo-2017-philippine-startup-survey.pdf>
- Roberts, E. B. (1989). The personality and motivations of technological entrepreneurs. *Journal of Engineering and Technology Management*, 6(1), 5-23. [https://doi.org/10.1016/0923-4748\(89\)90012-X](https://doi.org/10.1016/0923-4748(89)90012-X)

- Ryan, R. & Deci, E. (2000). Intrinsic and Extrinsic Motivations: Classic Definitions and New Directions. *Contemporary Educational Psychology*, 25(1), 54–67. Retrieved from http://selfdeterminationtheory.org/SDT/documents/2000_RyanDeci_IntExtDefs.pdf
- Saint Thomas University (2018, May 8). What is Transactional Leadership? How Structure Leads to Results. STU Online. Retrieved from <https://online.stu.edu/articles/education/what-is-transactional-leadership.aspx>
- Saldaña, J. (2013). *The Coding Manual for Qualitative Researchers*. Sage. ISBN 9781473902497.
- Sansone, C. (2000). *Intrinsic and Extrinsic Motivation*. Academic Press.
- Sapru, R. (2008). *Development Administration*. Sterling Publishers Private Limited. New Delhi, India. ISBN 81-207-2413-5.
- Schloemer, P. G. (2015). Personality Preferences and Success in Introductory Accounting. *Business Administration Faculty Publications*, 98(1), 1-9. https://digitalcommons.cedarville.edu/cgi/viewcontent.cgi?article=1097&context=business_administration_publications
- Schumpeter, J. A. (1934). *The Theory of Economic Development*. Harvard University Press.
- Senate Economic Planning Office (SEPO). (2012). *The MSME Sector at a Glance*. Senate of the Republic of the Philippines. [https://www.senate.gov.ph/publications/AG 2012-03 - MSME.pdf](https://www.senate.gov.ph/publications/AG%2012-03-%20MSME.pdf)
- Sixvertical. (2018, March 26). 5 characteristics of successful entrepreneurs. *Business Leadership*. <https://www.sixvertical.com/insights-blog-default/top-5-qualities-of-a-successful-entrepreneur>
- Sturgess, G. (2012, December 6). Skills vs Competencies. What's the Difference?. *Talent Align*. <https://www.talentalign.com/skills-vs-competencies-whats-the-difference/>
- Sutevski, D. (2020). How to Make Effective Entrepreneurial Work-Life Balance. *Entrepreneurship in a Box*. <https://www.entrepreneurshipinabox.com/1225/work-life-balance-entrepreneurs/>
- Tappi, D. (2005). Clusters, adaptation, and extroversion: A cognitive and entrepreneurial analysis of the Marche Music Cluster. *European Urban and Regional Studies*, 12(3), 289-307. <https://doi.org/10.1177/0969776405056591>
- Top Four Indicators to Measure Business Success. (2016). Cutcher & Neale Accounting and Financial Services. <http://www.cutcher.com.au/blog/large-enterprise/top-four-indicators-to-measure-business-success>
- Velasco, L., Castillo, P., Conchada, M., Gozum, B., Largoza, G., Perez, J., & Sarreal, E. (2017). *Philippine Entrepreneurship Report 2015–2016*. De La Salle University. ISBN 978-971-555-639-2.
- Viloria, D. (2018). Exploring a Socially-Constructed Concept and Precursors of Employee Engagement in the Philippine Setting. *Review of Integrative Business & Research*, 7(4), 1-25. http://buscompress.com/uploads/3/4/9/8/34980536/riber_7-4_01k18-135_1-25.pdf
- Wadhwa, V. Holly, K., Aggarwal, R., & Salkever, A. (2009, July 7). Anatomy of an Entrepreneur: Family Background and Motivation. Kauffman Foundation Small Research Projects Research. <http://dx.doi.org/10.2139/ssrn.1431263>
- Zipkin, N. (2018, March 21). 35 Successful Entrepreneurs Share What Work-Life Balance Means to Them. *Entrepreneur Asia Pacific*. <https://www.entrepreneur.com/slideshow/294417>

“LIQUID JOB:” THE EMOTIONAL TEXT(URE) OF WORK UNCERTAINTY IN QUORA SITE

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Abstract. The transformation of professional and productive systems involves an increase in inequality and instability in working careers. It is reflected in an increase in precarious and low-paid Workers, above all in the marginalized area, like Italy. We are witnessing of an increase in Internet users looking for information or asking for help in Question and Answer sites, as Quora Inc. In the study, it is hypothesized that the Italian workers, being more exposed to precarious working conditions, use online communities, like Quora, as spaces of mutual-help regarding the English workers. The research investigates how online sites become sharing environments for Italian and English workers and space to try resolving doubts. The methodology used is a mixed-methods approach: a Sentiment Analysis and an Emotional Analysis were carried out as a quantitative methodology; for the qualitative part, a Discourse Analysis was carried out. The quantitative analysis has an exploratory function, through which it has been highlighted the importance of a mixed methodology.

Keywords: Work Flexibility; Quora; Mixed-Methods Approach.

1. INTRODUCTION

The transformation of professional and productive systems involves an increase in inequality and instability in working careers. In many contexts, this is reflected by an increase in precarious and low-paid workers, subject to a lack of social protection and representation, in a downsizing of the social rights of workers and their families. Above all, the most “exposed” sectors of the job offer are those most at risk of unstable, precarious and poorly protected. But in contexts where it is more difficult to guarantee widespread institutional forms of protection and rights, the new risks of social insecurity concern a large slice of workers, even highly qualified ones, who are confronted with an increasingly fragmented and unstable employment system.

This situation of job deprivation is reflected in an increase in precarious and low-paid workers, above all in the marginalized areas, like Italy. On the other hand, the society is witness to an increase in Internet users looking for information or asking for help in question and answer sites, such as Quora Inc. This research investigates how online sites become sharing environments for Italian and English workers and a space to try to resolve doubts. In the study, I hypothesized that the Italian workers, being more exposed to precarious working conditions, use online communities, like Quora, as spaces of mutual help for the English

workers. Specifically, the research question for this study is: Is Quora, as a Q & A site, becoming a space where workers could solve their doubts?

I used a mixed-methods approach (Creswell & Creswell, 2017). I carried out a sentiment analysis and an emotional analysis as quantitative methodology (Pang & Lee, 2008). For the qualitative part, I completed a discourse analysis (Van Dijk, 1985). The use of sentiment and emotional analysis in this study became fundamental to understand the positive, negative, or neutral polarity of the questions analyzed, the emotional involvement of these digitized professional identities seeking help in virtual communities. The quantitative analysis had an exploratory function, through which the importance of a mixed methodology was highlighted. The discourse analysis as a qualitative methodology had the functions, on the one hand, to deepen the quantitative data and, on the other hand, to bring out the relationship between the discourse, i.e. the interactions of Quora, at work and the power, which marginalizes workers.

2. THEORETICAL FRAMEWORK

The advent of globalization has led to the opening of the labor market. Companies now search for a niche by which to enter the market. This situation has influenced the flexibility of work as a result of phenomena such as offshore companies, joint ventures, outsourcing, and the request to workers for transversal skills and adaptation to new contexts involving vertical or horizontal workers transactions (Hall, 2002). The consequences of this "liquid" (Bauman, 2003) work involve different moments in the professional life of a human resource, from entry into the labor market to exit. Entry into the world of work is marked by job offers with requests for discursively unclear requisites, which can discourage the participation in selection processes by qualified candidates. Even professional life at the time of work flexibility is characterized by continuous changes.

In this panorama, especially in Italy, there is an increase in workers belonging to the "job-less" generation (Schreft & Singh, 2003), or that portion of human capital without employment, inevitably cut off from the labor market. However, these professional identities are able to express themselves and generate meaning by talking about themselves and the professional reality in which they are immersed or would like to be part of. Taking into consideration that in order to understand the mechanisms of exclusion from work (Becker, 1964), the only balance of competences is no longer sufficient. At the same time, it becomes important to consider the detailed analysis of professional and transversal skills. It is

necessary to ask about the social capital the person has, but also the heritage of cultural and relational premises that guide it, the events that have characterized it before, and oriented his way of being in (the working) world. It is necessary, therefore, to investigate the trajectories of meaning that the professional world assumes for each individual person and, for this reason, the relationship with the work must be narrated and must be listened to (Beck, 2000).

This generational exclusion was defined by Tsakloglou and Papadopoulos (2002) as a chronic cumulative disadvantage, understood as accumulation on the same subject of a plurality of social risks. The authors, therefore, study the processes and mechanisms of exclusion and localize them in different social spheres. These mechanisms are relational and multidimensional, and include institutional processes and mechanisms for protecting civil, social, and economic processes, such as the restructuring of the labor market. Moreover, these dimensions interact with each other. In more recent years, in terms of "disaffiliation" (Castel, 1995) they designate the outcome of a process of progressive exclusion from the general social context. It is, therefore, a problem of a dynamic nature because it implies that people are not excluded only because of their current situation, but also due to the lack of prospects for the future.

The job-less phenomenon has also been investigated in a political perspective. In this perspective, research problems are surrounded by how to use investment programs from the European Union (Gallino, 2014). But the fight against unemployment and poverty cannot be reduced to a simple economic and political intervention. Therefore, it is necessary to change the perspective on the job-less phenomenon, above all in marginalized areas, such as Italy. The intervention should be that of considering the generation without work as resources that could not only produce or invest, but workers, able to express themselves. From their narrations and discourses, it is possible to listen to the voices of marginalized workers to understand how they live this failed entry into the world of work, what their real professional needs are, and, consequently, how much they feel responsible for their careers. In this sense, their narration becomes a useful and non-invasive tool (Donati, 2001), to address a particularly delicate issue. It is a means through which the professional identity of the enunciator can emerge without constraints and concerns. In the age of work flexibility (Gallino, 2007), unemployment changes its face assuming the "human" face of discomfort of the single experience that is reflected in the construction of identity and in the sense of belonging.

Work remains a primary element in defining social structure, as well as a central experience in individual biographies. Work is a fundamental activity of man which adds value to the world and to itself. The politician Trentin (1997) speaks of a work full of polyvalent capacities, capable of enriching the expertise of each worker. A tool, that of work, combined with knowledge because it is understood as a "commodity that must think" (Trentin, 1997, p. 17) that allows the person to adapt to the changes and the unexpected of flexibility. Here, the problem of the commodification of labor is contrasted with an image of the worker as a thinking subject, an actor in the production process that historically preserves the character of a central experience for individual self-determination. The work is the foundation of the personality because it allows feeling itself to be an actor on the social scene. Therefore, a lack of work deprives the person of a part of himself and of his social capital because it puts him in an uncomfortable relationship with others (Bourdieu, 1980; Putnam, 2001). And it is precisely by saying that these "invisible" workers in a country like Italy, that is not for young people nor even for experienced workers, describe themselves and give meaning to professional experience in terms of "slavery," "poverty," "devaluation of professionalism," and "discrimination" (Papapicco & Quatera, 2019).

In addition to globalization, this employment insecurity was amplified even after the explosion of the Digital Revolution. If, on the one hand, digital (r)evolution has led to new demands in the labor market, especially following the introduction of increasingly smart instruments, but also following the emergence of generations of digital natives (Prensky, 2001) and adaptation the technologization of digital immigrants (Riva, 2014); on the other hand, the digital (r)evolution has created new spaces for comparison and support for 2.0 navigating workers, workers who are increasingly using technologies. An example is the "Questions and Answers" sites (Q & A sites), virtual spaces in which users enter into public discussions, in which they can form networks of online and offline relationships. These virtual environments offer the opportunity to quickly get in touch with other Internet users and overcome space-time barriers, typical of a face-to-face relationship. In fact, the connection becomes the new and privileged form of interaction for the Third Millennium man.

These virtual environments are characterized by a "transactive nature" (Mininni, 2010) by sharing processes and by negotiation practices. Since the 1990s, Internet users no longer passively consume the information made available by the web, but are now "active audiences" and "commentators" (Pulcini, 2006). These are users who modify or create existing content based on their own communication needs and do not fear to expose their

opinions on blogs or social networks about specific issues. Furthermore, these innovative technologies have provided different opportunities for collaboration and creation of user networks, generating virtual spaces in which each user is the author of signification practices. It emerges, therefore, that the Digital Revolution has contributed by making the world of work more uncertain. However, some virtual spaces, such as virtual communities, can be spaces where workers can manage their uncertainties through mutual assistance.

3. QUORA AS A WAY TO FACE WORK UNCERTAINTIES

Following the Digital Revolution and the introduction of new media, virtual communication shapes the whole experience of the world. Among this, the working sphere, where self-positioning is mediated through social and professional identity, becomes “digital professional identity” (Perry, 2012). This inevitably influences entry into the world of work, a challenge people also face through communication mediated by computer environments. In this landscape, there has been an increase in Internet users looking for information or asking for help in Q & A sites. Participation in these virtual communities is motivated by interest in particular topics and in the behavior of reciprocity and pro-sociality. In these virtual spaces, users produce digital content that can be understood as a psycho-discursive practice, modulated in the format of the “question/answer” exchange. One of the most popular question and answer sites is Quora, Inc (<https://it.quora.com/>). Founded in 2009, it is a virtual space that is based on sharing; users can discuss any topic inserted in thematic macro-areas. A common fundamental aspect, which falls within the policy of all Q & A sites, is moderation by an administrator appointed for each discussion, who has the task of enforcing the online behavioral code, called netiquette (Mintu-Wimsatt et al., 2010). The administrators can intervene on three fronts:

1. Positive/negative votes: Administrators can evaluate the answers based on relevance or usefulness. In this way, the quality of the posted content is guaranteed, since the more positive votes an answer receives, the greater its “online visibility” in user feeds (Morales et al., 2014). Conversely, if an answer receives negative votes, it is omitted and will not be shown in the feeds.
2. Reports: Administrators can report plagiarism, harassment, spam, and conflicts. This keeps the content that does not respect netiquette under control (Paul, Hong, & Chi, 2012).
3. Change suggestions: Administrators can offer suggestions to improve an answer, proposing changes. The proposed changes are also visible to the original author of the answer and can be approved and published or rejected, maintaining a logic of collaboration (Calefato et al., 2015).

4. HYPOTHESIS

There is a high unemployment rate in Italy and therefore greater uncertainty in job searches and management of job interviews. This job uncertainty contributes to doubts in workers that result in questions in online communities, since workers begin to take advantage of all the opportunities of the web. Starting from the hypothesis that Italian workers are more uncertain than other workers in the world, it is possible to understand what the doubts of the Italian workers are in the Q & A formatted interactions. Specifically, the research question for this study is: Is Quora, as a Q & A site, becoming a space where workers could solve their doubts? Starting from the fact that work is a cultural phenomenon and that in Italy work is experienced as "slavery" (Papapicco & Quatera, 2019), the research aims specifically to verify how the doubts of Italian workers change compared to workers in the rest of the world.

5. METHODOLOGY

One of the most discussed topics on Quora, Inc. concerns the work sphere that counts 1,300 questions in the Italian section and 500 questions in English. The choice to compare the Quora section dedicated to work with questions in Italian compared to the questions in English is because English is a lingua franca, used by more workers in the world. Quora provides a direct link with the profile of the user who asked or answered the question. This option allowed me to assess users' location. Regarding data collection, questions I chose in Italian were in the Italian section on work. I chose questions in the international section on work in English. In the two sections about work (Italian and English), I based data collection on a keyword search. I used "job seeking," "job interview," "job search," and "job and cv" as keywords for English the section and "ricerca del lavoro," "colloquio di lavoro," and "selezione del personale" for the Italian section. These keywords refer to a job search, interviewing, or writing curriculum.

In this study, I focused on the section of questions and answers posed by Italian workers in the Italian language and questions in English posed by non-Italian users on topics concerning the work environment. The result of the search allowed me to collect 36 questions and 81 responses in Italian and 35 questions and 86 answers in English. I chose more recent questions with more views and comments during 2019.

I used a mixed-methods approach. As noted previously, I carried out a sentiment analysis and emotional analysis for the quantitative analysis (Pang & Lee, 2008). This is a useful

methodology to extrapolate from the texts a polarity (positive, negative, or neutral) and to consider the emotion prevalent in the textual extracts. I used two software: SentiStrength for the sentiment analysis and the Tone Analyzer of the IBM group for emotional analysis. The operation mode of these software is that of matching the text in input with their inner vocabularies of words. It offers as output a data of total emotion on the base of a scale with a score lower than 0.50, equal to 0.50 and higher than 0.50; the significant values are those higher than 0.50.

Although synonyms, “sentiment” and “emotion” do not express the same thing. A “sentiment” is an opinion or view. The term “emotion,” refers to a strong feeling deriving from one’s mood. Conducting both a sentiment and an emotional analysis is conducting two distinct evaluation methods of people’s moods. They both aim to better understand the readers and give insights about their emotional responses, but sentiment analysis aims to catch the general feel or impression of people. It does not focus on the specific, articulate emotions. The automatic method of sentiment analysis goes back as output the polarity of a positive, negative, or neutral text. It relies on a simplified binary system, where the nuances of emotions do not count. Contrary to sentiment analysis, emotional analysis relies on a more sophisticated and complex system. The emotions detected are the five basic emotions or the innate and not social emotions (Ekman & Lama, 2008). These basic emotions, or even defined primary, detected by the software are joy, fear, sadness, disgust, and anger.

For the qualitative data, I completed a discourse analysis (Van Dijk, 1985) to bring out the relationship between discourse at work, i.e. the interactions of Quora, and the context of enunciation which marginalizes workers, i.e. the flexibility-working context. Discourse analysis is a theoretical and methodological resource to face many social problems which considers discourses, i.e. Quora interactions about work context, as social practices, bringing out from them the critical and ideological point of view. The quantitative analysis allowed for the extraction of sentiment and emotions focused more on the questions, to understand which are the most important doubts and emotional involvement of the workers in a context of work flexibility and if there will be differences between Italian and English questions. The qualitative analysis, instead, focused on questions and answers. I analysed the questions and answers qualitatively through the analysis of the discourse (Mininni & Manuti, 2017). The discourse, in this case, is the social construction of reality. For the analysis, I interpreted the individual discourses, annotating recurrences of expressions, verbs, subjects employed. The goal, therefore, was to trace constellation of terms, phrases, references, metaphors,

allusions acting together, but at different structural levels, to give body to a certain cultural theme, such as that of job uncertainty.

The quantitative analysis had an exploratory function with the task of detecting the limits of the results of Natural Language Processing (NLP) software. For example, for questions in Italian a negative score was attributed to "sùbito," that is "immediately" in English, which is confused with "subito," which translates as "suffer." For English questions, however, there was a more precise recognition of words and meanings linguistically. At the same time, the output returned did not seem to read the context of the statement. One of the greatest limitations of automatic systems of quantitative analysis is the excessive simplification of basic data or models on which artificial intelligence is designed. This makes it difficult to engage with variables important for analysis, such as context. For this reason, the combination of sentiment and emotional analysis was an efficient methodology, but it was advisable to integrate quantitative and qualitative methods.



Figure 1. Total Sentiment Analysis Output

The qualitative method, specially the discourse analysis, aimed to go deeper into the subject in question to collect information about people's motivations, thoughts, and attitudes. Additionally, I was able to favor the subjectivity of the participants involved, taking into account both the historical and working moment, in the specific case of the study. Additionally, discourse analysis allowed me to consider the individual context of enunciation, in this case a virtual one.

5.1 Quantitative Results

I first conducted a sentiment analysis SentiStrength, from which I obtained a predominantly positive sentiment for Italian questions and a predominantly negative sentiment for English questions, as shown in Figure 1 above. Figure 1 shows the prevalence and intensity of Italian questions characterized by positivity. As shown in the figure, the positivity value is +5 and it is at left colored in green. On the right is the negative value of -49 for the questions in English. The red color represents the strong negativity of the polarity. The scores are based on the automatic calculation of the weight given to the words of the internal vocabulary of the software and the text collected.

In the case of Italian workers' questions, the software calculates as strongly positive questions such as, "Quali sono alcuni segnali che stai superando alla grande il colloquio di lavoro?" which has a sentiment value of +2. This translates to "What are some signs that you are overcoming the job interview?" For this example, the software indicates the terms "overcoming" and "great" and positive. For the questions asked in English, instead, the score of strong negativity depends on terms like "mistakes," inserted in a context of positive enunciation, as in the following example, "What are the biggest career mistakes to avoid?" which has a sentiment value of -3. In this example, the user asks for advice on what career error to avoid. The reference to the "career" is interesting, in how much it delineated the possibility of "choice" of the non-Italian workers to undertake more career paths. The positivity of the questions in Italian, compared to those posed in English, denotes a different signification and use of these virtual spaces, since the positivity is an indicator of a clear desire to ask for help in these online environments and, consequently, confidence in the possibility to resolve their uncertainties thanks to otherness.

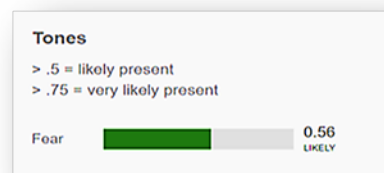


Figure 2. Results of the Emotional Analysis of Fear

Starting with these data, to assess which emotions are hidden behind the sentiment of the questions, I conducted an emotional analysis with the IBM Tone Analyzer software. The results I obtained from the emotional analysis on questions with negative sentiment do not agree in all cases with the outputs of sentiment analysis. In some of the Italian questions, there is a prevalence of neutrality and joy, in which it is possible there is a sense of hope for the worker who seeks advice. In others, one of the emotions resulting as output is fear, as shown in Figure 2 above and the following example, “I social network sono la nuova frontiera per ottenere un colloquio di lavoro? È davvero diventato inevitabile mischiare la vita privata con il lavoro?” This translates to “Are social networks the new frontier for obtaining a job interview? Has it really become inevitable to mix private life with work?” with a sentiment value of +1. In this particular case, the extract is fraught with fear, linked to the fact that recruiters can view the potential candidate's social profile to test his skills. There is a fear of limiting the freedom of the worker in managing a social page. On the contrary, the prevailing emotionality underlying English questions, with negative sentiment, is sadness, as shown in Figure 3 below. As an example, the question “How can I figure out what I really want to do with my life after college?” has a sentiment value of -1.

The results of the tone analyzer software are more consistent with the outputs of sentiment analysis for English questions than Italian questions and show a prevalence of sadness, as shown in Figure 3. Other differences in the questions of Italian and English workers reside in issues of doubt and the different types of questions. From the questions collected in Italian and English, I created two word clouds. A word cloud is tool to visually and more effectively show consumption data. Word clouds are commonly used in marketing. In this case, the word cloud is a clarifying means, useful to immediately see the topics most discussed in Italian and English questions, as shown in Figure 4 below.

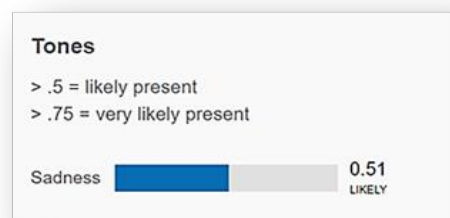


Figure 3. Results of the Emotional Analysis of Sadness

The word cloud is a way to visually illustrate the results of the sentiment and emotional analysis. At the center of the word cloud are the most discussed topics, which in the case of

the questions in English concern how one can become "rich." In the case of the questions in Italian, the theme most addressed concerns how it is possible to find a job, "trovare un lavoro." The repetition of the main words in the word cloud is an indicator of how often those topics are recurrent. The different dimension of the occurrences indicates the centrality of that topic in the context of the question posed.

As you can see from the word cloud in Figure 4 below, the doubts of Italian workers, "consumers of uncertainties", concern the need to obtain useful advice to find a job or to deal with negative situations such as dismissal or unemployment. This is contrary to the word cloud of questions in English which address issues related more to career opportunities or how to acquire skills. In the Italian word cloud, the recurring words in the questions are "find a job," "fired," and "interview."



Figure 4. Word Cloud about Italian and English Job Questions

Additionally, there are different types of questions. Using the taxonomy of Morris et al. (2010), I traced three types of questions with respective examples in Italian and English summarized in Table 1 below.

Table 1. Types of Questions from Workers on Quora, Starting from the Taxonomy of Morris et al. (2010)

Question Type	English	Italian
Recommendation (1)	How do I pass a behavioural interview	Qual è il modo migliore descriversi in un colloquio?
Opinion (2)	What job should I get if I want to be rich?	Come posso migliorare il mio curriculum se non lavoro da anni?
Factual Knowledge (3)	As a job seeker, what is something you have done that has helped you get more interviews?	Quali sono i metodi consigliati per cercare lavoro in Italia?

Table 1 indicates that I found recommendation questions, opinion questions, and questions about factual knowledge in both Italian and English. The most common types of questions were recommendation and opinion questions. To answer either requires subjective information. While an opinion question requires an assessment of a specific item, a recommendation request is an open request for suggestions. Questions on factual knowledge, on the other hand, have objective answers. In this regard, an additional clue comes from the answers and comments to the answers: the Italian replies have a more analytical style and are provided by company experts, including recruiters or workers managers. On the contrary, the answers to the English questions include expressions such as "in my opinion..." or "for me..." They are based on personal experience and are therefore less detailed and formal. The use of less informal expressions in English answers may be because of cultural differences due to greater homogeneity of the places of origin of workers who use the English language in online communities. However, the fact that the moderators of the Italian Q&A spaces evaluate the answers provided by experts in the sector as reliable would justify the need to clarify the situation of uncertainty at work.

In addition to entering the workforce, a moment of uncertainty for Italian workers is also the maintenance of a job. This last aspect emerges as a real fear of the Italian workers at the risk of losing, almost unjustifiably, the work. This was indicated in the emotional analysis. The positivity of the sentiment, however, shows how these spaces, although virtual, constitute a place of mutual help where you can both manage doubts and uncertainties and overcome the fear of the working future.

5.2 Qualitative Findings

Discourse analysis findings indicate the presence of mitigation strategies in greater numbers in Italian questions. These are rhetorical strategies used to attenuate the content of discourses. Mitigation is useful in courtesy communications where there is a netiquette. Mitigation strategies can also show a sense of uncertainty of the speaker, reducing the responsibilities of the interlocutors, but facilitating the achievement of different communication objectives. It is therefore functional for prudent interactional development, to avoid risks of refusal, censorship, or conflict, typical of failure to comply with the netiquette of the Q & A sites. With these strategies, users also aim to achieve both cognitive and emotional detachment from the complete linguistic act. A particular type of frequent mitigation I detected during the discourse analysis of Italian questions is the "lenitive

mitigation" (Caffi, 2007). These are mitigations that work to reduce the intensity of discursive acts, decreasing the potential threat to themselves and avoiding rejection. This type of mitigation strategy occurs with the use of a hypothetical period because users tend to imagine a possible situation in which they build a premise before asking the actual question. For example, consider the question "Se sapessi di venire licenziato in due settimane, cosa faresti?" which translates to "If you knew you would be fired in two weeks, what would you do?"

Another mitigation strategy is the use of the conditional, as shown in the example, "Sarebbe opportuno cambiare l'argomento nei colloqui dopo averne fatti tanti senza successo?" translating to "Would it be appropriate to change the subject in the talks after having made so many without success?" Another strategy is the use of indirect acts such as the preliminary questions, used to express a concept in a veiled way. This can be seen in the question, "Quali sono le aziende e/o mansioni lavorative che si possono svolgere da casa in modo autonomo? Che cosa mi consigliate?" which translates to "What are the companies and/or job duties that can be performed independently from home? What do you recommend?"

There is also a frequent use of modal verbs, such as "having" and "can," which activate the presupposition functions. These verbs express uncertainty and, if used conditionally, indicate the weakness of contextual clues. This is clear from the example, "Come posso fare affinché sia il mio primo impiego a 'trovare' me e non viceversa?" which translates to "How can I make it my first job to 'find' me and not vice versa?" The use of mitigation strategies would justify positive sentiment in Italian questions since attenuated, courteous rhetoric is used. But, it highlights that there are more uncertainty indicators than English questions. Thus, in the flexibility of work, the Q & A sites become an opportunity to manage insecurities by asking for help from people that are more experienced or those who are simply in the same situation of uncertainty.

The greater use of lenitive mitigation strategies in the Quora interactions of Italian workers shows a greater level of uncertainty especially at the time of entry into the world of work. This is because the worker is required more specializations, a predisposition to mobility, an attention to soft skills, and above all the ability to be responsible for career advancement and training. Finally, leaving the world of work or a specific professional context is more frequent both among young workers and between older workers. Unemployment, therefore, changes

its face and undermines the very foundations of society. It reveals the fragility of labor policies but, at the same time, it becomes a propitious occasion for a global rethinking of society. Today, well-armored people are falling into the limbo of the worker both from the educational point of view and from the acquired professional experience.

6. DISCUSSION

From the quantum-qualitative results it emerges that the research hypothesis is verified: Quora, as a virtual community of questions and answers, becomes a place where workers can solve their doubts. The positivity of the sentiment of the questions in Italian are an indicator of a sense of hope in the search for information through this virtual medium (Harper et al., 2008). This is explained more by the answers to the questions that, in the section in Italian, are provided by people who work in the context of selection and then respond in a detailed and formal way. The questions posed by Italian workers present occurrences of mitigators, which can be interpreted as discursive markers of uncertainty. Unlike British workers for whom the questions have no uncertainty markers, the answers are given informally and in less detail.

With regards to the type of questions, there is no difference between the questions asked in Italian and those in English. The types of questions found are recommendation, opinion, and factual knowledge. Different, however, are the topics addressed in the questions of Italian and English workers. The doubts of Italian workers concern the need to obtain useful advice to find a job or to deal with negative situations such as dismissal or unemployment. This is contrary to questions in English, which address issues related more to career opportunities or how to acquire skills. It is precisely in this difference that the doubts of Italian workers fit in and this becomes a real cultural phenomenon, where flexibility of work is no longer an opportunity, but a constraint (Bertolini, Torrioni, 2015).

It emerges, in fact, that unemployment is not just an economic problem, it is the impossibility of re-acting. This opportunity, especially in the Italian case, is favored by mutual aid in the virtual community of Quora.

7. CONCLUSION

The transformation of professional and productive systems involves an increase in inequality and instability in working careers. The inequality and instability are reflected in an increase in precarious and low-paid workers in marginalized areas, such as Italy. Specifically, the advent

of globalization and the Digital Revolution's explosion have led big transformations. We are witnessing of an increase in Internet users looking for information or asking for help in Q & A sites. A well-known Q & A site is Quora, Inc. It is a virtual space that is based on sharing. Users can discuss any topic inserted in thematic macro-areas. This research investigated how Quora, Inc. becomes a sharing environment for marginalized workers and a space to try resolving doubts. In particular, I focused on Italian workers. I used a mixed methods approach using sentiment analysis, emotional analysis, and discourse analysis (Pang & Lee, 2008; Van Dijk, 1985). The prevalence of positive sentiment and emotions of joy and fear in the Italian questions indicate a sense of hope. Qualitatively, I detected a higher presence of mitigation rhetorical strategies than questions in English, confirming the presence of uncertainties in Italian workers.

8. REFERENCES

- Bauman, Z. (2003). *Intimations of postmodernity*. London.
- Beck, U. (2000). *La società del rischio. Verso una seconda modernità* [The society of risk. Towards a second modernity]. Carocci.
- Becker, G. (1964). *Human Capital*. Columbia University Press.
- Bertolini, S., Torrioni, P. M. (2015). *La flessibilità come opportunità e vincolo. Un approccio multidisciplinare* [Flexibility as opportunity and constraint. A multidisciplinary approach]. CELID.
- Bourdieu, P. (1980). *Le capital social: notes provisoires* [Social capital: provisional notes]. *Actes de la recherche en sciences sociales*, 31(1), 2-3. <https://www.cairn.info/le-capital-social--9782707148049-page-29.html>
- Caffi, C. (2007). *Mitigation*. Elsevier.
- Calefato, F., Lanubile, F., Raffaella, M., & Merolla, N. N. (2015). Success factors for effective knowledge sharing in community-based question-answering. *Proc. of the International Forum on Knowledge Asset Dynamics* (2015), 1431-1441. http://collab.di.uniba.it/fabio/wp-content/uploads/sites/5/2014/05/IFKAD_final1.pdf
- Castel R., (1995). *Les métamorphoses de la question sociale* [The social issue metamorphosis]. Fayard.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage.
- Donati, P. (2001). *Il lavoro che emerge. Prospettive del lavoro come relazione sociale in una economia dopo-moderna* [The work that emerges. Perspectives of work as a social relationship in a post-modern economy]. Bollati Boringhieri.
- Ekman, P., & Lama, D. (2008). *Emotional awareness: Overcoming the obstacles to psychological balance and compassion*. Holt.
- Gallino, L. (2007). *Il lavoro non è una merce. Contro la flessibilità* [Work is not a commodity. Against flexibility]. Laterza.
- Gallino, L. (2014). *Vite rinviate. Lo scandalo del lavoro precario* [Lives postponed. The scandal of precarious work]. Laterza.
- Hall, D. T. (2002). *Protean careers in and out of organizations*. Sage.

- Harper, F. M., Raban, D., Rafaeli, S., & Konstan, J. A. (2008). Predictors of answer quality in online Q&A sites [Conference paper]. SIGCHI Conference on Human Factors in Computing Systems, Florence, Italy. <https://dl.acm.org/doi/10.1145/1357054.1357191>
- Mininni, G. & Manuti, A. (2017). A rose is more than a rose...the diatextual constitution of subjects and objects. *De Gruyter Mouton*, 37(2), 243-263. <https://doi.org/10.1515/text-2017-0005>
- Mininni, G. (2010). The method of dialogue: Transaction through interaction. *Integrative Psychological and Behavioral Science*, 44(1), 23-29. <https://doi.org/10.1007/s12124-009-9111-1>
- Mintu-Wimsatt, A., Kernek, C., & Lozada, H. R. (2010). Netiquette: Make it part of your syllabus. *MERLOT Journal of Online Learning and Teaching*, 6(1), 264-267. https://jolt.merlot.org/vol6no1/mintu-wimsatt_0310.pdf
- Morales, A., Borondo, J., Losada, J. and Benito, R. (2014). Efficiency of human activity on information spreading on Twitter. *Social Networks*, 39, 1–11. <https://doi.org/10.1016/j.socnet.2014.03.007>
- Morris, M. R., Teevan, J., & Panovich, K. (2010). What do people ask their social networks, and why?: A survey study of status message q&a behavior [Conference paper]. SIGCHI conference on Human factors in computing systems, Atlanta, Georgia, USA. <https://dl.acm.org/doi/proceedings/10.1145/1753326>
- Pang, B., & Lee, L. (2008). Opinion mining and sentiment analysis. *Foundations and trends in information retrieval*, 2(1-2), 1-135. <http://www.cs.cornell.edu/home/llee/omsa/omsa.pdf>
- Papapicco, C. & Quatera, I. (2019). Disoccupati a tempo pieno! Come occupare i lavoratori dimenticati [Full-time unemployed! How to occupy forgotten workers]. In Croce, C., Prevete, R., Zucca, A. (Eds.), *Porte Girevoli. Contributi di ricerca e buone pratiche sul lavoro marginale e le nuove vulnerabilità sociali* [Revolving Doors. Research contributions and good practices on marginal work and new social vulnerabilities] (pp. 267-287). Editori Fondazione Giangiacomo Feltrinelli.
- Paul, S. A., Hong, L., & Chi, E. H. (2012). Who is authoritative? understanding reputation mechanisms in quora [Conference paper]. *Collective Intelligence*, Cambridge, Massachusetts, USA. <https://arxiv.org/abs/1204.3724>
- Perry, C. W. (2012). Constructing professional identity in an online graduate clinical training program: Possibilities for online supervision. *Journal of Systemic Therapies*, 31(3), 53-67. <https://doi.org/10.1521/jsyt.2012.31.3.53>
- Prensky, M. (2001). Digital natives, digital immigrants part 1. *On the horizon*, 9(5), 1-6. <https://www.marcprensky.com/writing/Prensky%20-%20Digital%20Natives,%20Digital%20Immigrants%20-%20Part1.pdf>
- Pulcini, E. (2006). Click TV. Come Internet e il digitale cambieranno la televisione [Click TV. How the Internet and digital will change television]. Franco Angeli.
- Putnam, R. (2001). *Bowling alone: The collapse and revival of american community*. Simon & Schuster.
- Riva, G. (2014). *Nativi digitali: crescere e apprendere nel mondo dei nuovi media* [Digital natives: growing and learning in the world of new media]. Bologna.
- Schreft, S. L., Singh A. (2003). A closer look at jobless recoveries. *Economic Review*, 88(2), 45-73. <https://ideas.repec.org/a/fip/fedker/y2003iqiip45-73nv.88no.2.html>
- Trentin, B. (1997). *La città del lavoro: sinistra e crisi del fordismo* [The city of work: the left party and the crisis of Fordism]. Feltrinelli.
- Tsakoglou P., & Papadopoulos, F. (2002). Aggregate level and determining factors of social exclusion in twelve European countries. *Journal of European Social Policy*, 12(3), 211-225. <https://doi.org/10.1177/0952872002012003394>
- Van Dijk, T. A. (1985). *Handbook of discourse analysis*. London: Academic Press.
- Sitography <https://it.quora.com/>

POLITICAL PARTICIPATION IN LOCAL GOVERNMENT PLANNING PROCESSES AS CHANGE AGENT IN REDUCING INEQUALITY TO INCREASE ECONOMIC GROWTH

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Abstract. Inequality can be reduced through greater political participation, and reduced inequality often results in increased economic growth (Solt, 2008). This research begins with the examination of the City of Miami, Florida and the City of Denver, Colorado as case studies as part of a Qualitative and Mixed Methods Research Design to consider how inclusion, economic growth, and inequality are affected by these processes. The aim is to consider the quality of participatory methods and analyses while exploring the need for ongoing participation. Externalities such as changing property values are considered as a factor in evaluating inequality to more holistically analyze processes and outcomes. The research objectives include measuring and analyzing how a multi-faceted research design with the use of visual communication within public planning processes can further economic growth, while advancing inclusion and levels of collaboration within local government public planning participation processes in the United States. To maximize the impact of this study and to uncover reflexive benefits, the need for further research of local contexts internationally has been uncovered. This will serve as a test in achieving maximum, true diversity and the highest and best returns in terms of economic growth through the reduction of inequality. As such, this study acknowledges the need to continue to replicate this research domestically and internationally for comparative purposes to ensure the opportunity for maximum collaboration and the most thorough investigation and findings into the achievement of economic growth through the reduction of inequality.

Keywords: Political Participation, Economic Growth, Inequality, Case Studies, Mixed Methods.

1. INTRODUCTION

Within local government, planning offers rare opportunities, and perhaps the only opportunity, for citizens to influence public policy and directly participate in governmental policy- and decision-making processes. As such, planning presents a critical opportunity in decentralized forms of governance to provide public political participation and scholars like Frederick Solt (2008) have asserted that political participation can reduce inequality. As such, this study is centered on exploring these factors through an analysis of the following question: How does political participation increase economic growth and how does political participation reduce inequality? Local government planning processes can present quality and meaningful public participation opportunities. Often the creation of Form-based Codes presents highly participatory and visual processes that are highly attended by the public. While economic returns following the implementation of Form-based Codes are often robust, in what manner is inequality reduced and what is the relationship between participation, economic growth, and inequality? Case studies are selected and analyzed to uncover how inequality is directly affected by public political participation as well as considering the

potential for endogenous and exogenous outcomes that may perpetuate inequality that may surface in decreased levels of housing affordability alongside robust levels of economic growth while reducing participatory inequality.

2. SIGNIFICANCE

The significance of this study is to identify the benefits of advanced participation opportunities to maintain economic growth and maximize the reduction of inequality to improve the economic health of our communities, advance the quality of life, and to demonstrate the intrinsic value of political participation opportunities and the value of local government planning to provide at least one source for quality, direct, and meaningful public political participation to directly shape policy that combats inequality while bolstering economic growth. Through this study, innovations in political participation are considered for the ability to increase levels of predictability and economic return in relation to the reduction of inequality. The robust growth that often accompanies public planning and visioning processes may create a scenario where resulting inequality that can occur exogenously to these processes is being overlooked. This study also considers whether there is a need to further attempt to reduce inequality by increasing the opportunity for ongoing political participation.

High rents and high housing costs may not only effect income inequality, but it is also a possibility that someone with high rent or high mortgage costs may have difficulty making participation a priority. If front-loaded political participation increases predictability while reducing opportunities for ongoing participation, an increase in inequality will likely occur and therefore will decrease the opportunity to reduce inequality. If robust economic growth leads to gentrification are tools such as commercial linkage fees necessary to provide housing within the 30% of household income threshold?

Political participation reduces inequality in terms of process; however, exogenously homeownership rates have been declining and the percentage of households that are cost burdened are increasing (Solt, 2008; Florida Housing Finance Corporation, 2016). Is this inequality a result of the robust economic growth that results from front-loaded participatory processes? Do these participatory processes and the resulting economic growth also result in significant actual value increases which lead to greater housing rents and costs?

Next, there is the belief that for political participation to effectively combat inequality, it must be meaningful. Prior research (Wright Bowen, 2011) found that each code formulation process within each case was considered meaningful after being subjected to process and outcome criteria for meaningful participation established by Innes and Booher (1999). Political participation opportunities in local government planning are often useful in advancing economic growth and can reduce participatory inequality. In sum, even advanced political participation processes may generate outcomes that could necessitate remedies to mitigate exogenous inequitable outcomes.

3. BACKGROUND

This study began as an exploration into the processes and outcomes that accompany the creation and implementation of different code types. These code formulation processes are necessary within planning implementation as regulations need to be responsive and achieve the goals that a community envisions. After observing the strong economic impact that often accompanies form-based codes, the study advanced to consider economic growth and for whom. The process seems to secure the financial future of property owners while marginalizing those dependent on rents to secure housing. The study then began to examine the property values before and after the code formulation processes involved in both the City of Miami, Florida and Denver, Colorado. The results produced similar outcomes, which followed code implementation and adoption where property values in both contexts significantly increased following these well-attended participatory processes.

There are several methods and frameworks for analyzing and measuring inequality; however, this study examines political participation within planning processes where inequality is evaluated in terms of the quality, extent, timing, and access to participation and the ability to influence and shape processes and outcomes. Additionally, inequality is considered not only in terms of the accessibility and quality of participation opportunities, but also in terms of affordable levels of homeownership that comprises 30% of a household's budget, which is the threshold established by the U.S. Department of Housing and Urban Development as well as the U.S. Census Bureau. This analysis also considers exogenous effects of processes that produce robust economic growth for property owners and local governments collecting tax revenues yet may inadvertently marginalize populations not in a position situated to gain from the benefits of advanced planning. Quality, collaborative planning processes can improve the quality of life through a reduction in inequality and the

achievement of a vision that is responsive and authentic to the values and desires of the community (Solt, 2008).

The objective of this study is to consider how to advance public political collaboration to mitigate the potential for any negative externalities in order to produce greatest outcomes, which can include increased economic returns and livability while also considering the role of housing as an opportunity and as an indicator of equality and the potential for economic growth at the local government and individual property owner level. These analyses are setting the stage for local international comparative analyses to advance innovation and to measure and analyze levels of economic growth and the most diverse methods of inclusion.

Another objective of this study is to examine the difference in function and implementation of regulatory formats through project analyses, which test the need for on-going participation within planning processes. The importance of this study is based on current research of Frederick Solt (2008), which has shown that meaningful participation reduces inequality. Land Value analyses that involve the consideration of hypothetical site plans will be subjected to each regulatory format to determine the effect of each code type on producing certainty while considering the need for additional participation. These analyses consider another facet of the work of Frederick Solt, which evaluates the need for different definitions of inequality to most effectively consider the ability to reduce overall inequality (2008). For the purpose of this study, meaningfulness is defined as the ability to shape public policy. According to Fung (2004), participants need to be decision-makers producing visible outcomes for participation to be considered meaningful and empowered.

Form-based codes appear to increase the levels of economic growth in the community as a result of highly prescriptive regulations that present a great opportunity for community buy-in at the beginning of the process. In both contexts, housing values increased even following the economic downturn when each form-based code was adopted. Data obtained from the Florida Housing Finance Corporation (2016) also demonstrates the significant increases in the cost of renting following the period that corresponds to form-based code adoption and implementation. While participation increased dramatically within both case study contexts, it can be assumed that inequality was decreased in terms of increased opportunities to participate. However, in terms of reduction in inequality of individual homeownership rates, the data indicates that there has been a decline in the levels of homeownership in both contexts while property values and the cost to rent has increased (Florida Housing Finance

Corporation, 2016 and U.S. Census data, 2018). For homeowners there were gains due to increased property values; however, for renters the cost to rent continued to increase as the inventory of available rentals began to decrease (Florida Housing Finance Corporation, 2016).

Throughout this study, local government planning participatory processes have been considered for their role to provide a unique opportunity for the public to meaningfully participate and engage a decision-making process that can shape public policy. Regulatory frameworks have been considered for externalities of increasing economic growth and for the potential to decrease inequality. If highly prescriptive code types increase participation at the beginning stages of the code formulation process but leave few opportunities for participation later while property values continue to outpace the supply, are policies that produce tools such as linkage fees necessary to offset these externalities? These are tools that can ensure an adequate supply of workforce and affordable housing to eliminate further burden on public infrastructure and resources while increasing the overall quality of life.

Highly attended processes of form-based code formulation can lead to increased property values, which can create economic growth for the local government and the homeowner; however, the participatory renter likely only experienced a decrease in inequality in terms of participation if all other factors remain constant while the supply of affordable rental units have decreased (Florida Housing Finance Corporation, 2016).

According to Thomas (2017) there is value in the ability to become “authors” within political participation processes, which allow participants to shape their own destiny; however, if self-determination is limited to participation, economic mobility and the reduction of financial inequality is limited once the conversation ends and the policies are in place. Linkage fees and policies are necessary to ensure an adequate supply of workforce and affordable housing is available if form-based codes produce economic growth only for the local governing body, land-, and homeowners.

4. EXISTING LITERATURE

To explore the relationship between political participation and inequality, Frederick Solt (2008) asserts that inequality has been increasing over the past two decades. Political participation research is needed to better define, understand, and even attempt to mitigate political inequality through participation since there is limited research in this area. Local

government planning participatory processes may present rare opportunities for many to experience direct political participation. A study of local governments in 2001 found a positive relationship between inequality and local government political participation (Solt, 2008). According to Solt (2008), research also has shown that greater inequality corresponds to lower levels of political participation and inequality also leads to a decline in the opportunity to meaningfully participate and influence public policy. Both processes and outcomes present opportunities to eliminate inequality.

When participants become co-collaborators or “self-authors” they gain control over their well-being through “social connectedness” that stems from these political participation processes (Thomas, 2017, p. 867). Individual contributions towards collaborative, collective efforts are critical at a time when elitism in democratic politics has resulted in the disenfranchisement of citizens from the processes and systems that were designed to represent and incorporate all interests (Thomas, 2017). Furthermore, the local government benefits from the public participation that results in locally specific, unique, and distinctive places that more robustly attract economic development due to context specificity (Rangwala, 2010).

5. EMPOWERED PARTICIPATION

Social change is also affected by strong political participation and, according to Fung (2004), empowered participation occurs when participants can actively participate and make decisions that produce results with visible outcomes. This calls for the consideration of the role of political participation in marketing and building initiatives that will develop unique places representing vested public ownership due to the development of strong emotional attachments and a sense of place that further advances economic growth (Rangwala, 2010). The political participation process in form-based code formulation processes are centered on the visual nature and design-orientation of form-based codes. Collaboration and process outcomes are based on visual communication that provides a more universal and sensory language that maximizes inclusivity as it presents an opportunity to engage the participant at a more dynamic, complex, and profound level than conventional zoning codes. Conventional zoning codes are based on legal text often with limited or even no visual imagery that produces a more abstract and ambiguous set of restrictions rather than visually clarifying the vision, expectations, and possibilities. Form-based code formulation processes lead to visible collaboratively derived outcomes, which more closely align with the notion of empowered and meaningful participation. Why has so little research been done to analyze participatory

outcomes of political participation processes? According to Jun (2017), there is a lack of methods for analyzing outcomes. As such, this study considers the need for further exploration of outcomes that accompany political participation opportunities to form a more profound investigation through the examination of the source and methods and measures needed to reduce inequality.

Based on Solt's 2008 work, it is asserted that participation reduces inequality, but how will this be realized? Through an examination of local government planning code formulation participatory processes, we can begin to consider the outcome of economic returns following code implementation; however, we need to factor in different definitions of inequality. Inequality in terms of participation is much different than inequality in terms of outcome or individual economic realities. Next, we will see how case studies and housing and land value analyses are examined to uncover how inequality is combated through process and to begin to consider the need to factor in how inequality is affected as endogenous and exogenous outcomes, such as housing affordability that may perpetuate inequality.

6. METHODOLOGY

We used case studies and before-and-after analyses that consider the effects of each regulatory type as applied to each development scenario and the opportunity and need for further participation. We also used before-and-after analyses of housing costs, homeownership levels, and a qualitative analysis of meaningful participation criteria established by Innes and Booher (1999) that is an important foundational evaluative method established in prior research (Wright Bowen, 2011).

7. RESEARCH DESIGN

Case studies are used to explore the extent, timing, format, and quality of political participation processes and outcomes in different, yet comparable contexts. Both Miami, Florida and Denver, Colorado (US) are major metropolitan areas that entered the form-based code formulation processes at nearly the same time, and both involved a high level of public political participation. The visual nature of these codes allows a common language to engage a diverse audience on a level of greater complexity than text and abstract concepts and regulations. Visual communication employed within case studies "offer new opportunities to distinct and sometimes marginalized groups, which broadens...wider understanding" (Watt & Wakefield, 2017, p. 195). Both case study contexts featured the creation of codes that were

highly visual in nature and both code formulation processes were highly attended. In turn, these processes advance economic growth within communities through processes that strengthen the local economy due to the development of strong emotional bonds and a sense of place for the participants (Rangwala, 2010). The renderings of the interactivity of public and private spaces and places encourages a dialogue that would be difficult to describe alone on a verbal level. Visual methods engage participants with “deeper meaning and empathy both as individuals and when working with others” (Watt & Wakefield, 2017, p. 196). After factoring levels of participation during code formulation, the results were examined to uncover the likelihood of and the need for latent participation following the adoption of the code to continue the dialogue with the public to continue to increase economic growth by reducing inequality.

Miami and Denver’s code formulation processes were built on extensive political participation opportunities, involving hundreds of public meetings that exhibited the achievement of process and outcome criteria that were deemed meaningful based on criteria established by Innes and Booher (1999). The Process Criteria and the Outcome Criteria within Figure 1 and Figure 2 set the stage for case characterization that enables advanced analysis that is critical to this study since it is meaningful participation that reduces inequality (Solt, 2008).

Process Criteria	Miami	Denver
(Source: Innes and Booher, 1999)		
Included representatives of all relevant and significantly different interests	Y	Y
Was driven by a purpose and task that are real, practical, and shared by the group	Y	Y
Was self-organizing, allowing participants to decide on ground rules, objectives, tasks, working groups, and discussion topics	Y	Y
Engaged participants, keeping them at the table, interested, and learning through in-depth discussion, drama, humor, and informal interaction	Y	Y
Encouraged challenges to the status quo and fostered creative thinking	Y	Y
Incorporated high-quality information of many types and assures agreement on its meaning	Y	Y
Sought consensus only after discussion have fully explored the issues and interests and significant effort has been made to find creative responses to difference	Y	Y

Figure 1. Process Criteria Analysis. Source: Innes and Booher (1999, p. 419).

This exploration has evolved from political participation involved in code formulation to an examination of political participation as a catalyst to reduce inequality while increasing economic growth as a process and as an outcome externality based on differences that arise from regulatory framework selection and context. Opportunities for on-going political participation are also considered.

Outcome Criteria (Source: Innes and Booher, 1999)	Miami	Denver
Produced a high-quality agreement	Y	Y
Ended stalemate	Y	Y
Compared favorably with other planning methods in terms of costs and benefits	Y	Y
Produced creative Ideas	Y	Y
Resulted in learning and change in and beyond the group	Y	Y
Created social and political capital	Y	Y
Produced information that stakeholders understand and accept	Y	Y
Set in motion a cascade of changes in attitudes, behaviors, and actions, spinoff partnerships, and new practices and institutions	Y	Y
Resulted in institutions and practices that are flexible and networked, permitting the community to be more responsive to change and conflict	Y	Y

Figure 2. Outcome Criteria Analysis. Source: Innes and Booher (1999, p. 419).

Market and assessed values are examined to consider the exogenous effects of political participation processes of regulatory frameworks based on extensive, front-loaded participation between different contexts to see if the changes are likely to be context specific or if there is some consistency between cases to begin to consider the likelihood of further correlations. In addition to participatory equality, equality in terms of home ownership and cost burdened were examined by analyzing the data from five (5) year periods since the adoption of the form-based code and five (5) years prior to the implementation of the form-based code.

7.1 Cases: Miami, Florida and Denver, Colorado

The creation of Miami's form-based code, *Miami 21*, involved approximately 5 years and a cost of \$3 Million. This code created by Duany Plater-Zyberk features a strong design orientation and the use of visual communication, which represents a dramatic departure from conventional zoning code types. This new code was developed to overcome the shortcomings of the prior conventional zoning code, Ordinance 11000. These political participation opportunities were highly attended and involved more than 200 public meetings. Miami 21 is a visual, streamlined, design code in which predictability has been generated through specific context-based approaches that serve to masterplan the city. While there is a tremendous increase in the level of predictability due to extensive community buy-in, there are limited participation opportunities following code adoption and implementation.

The Denver form-based code formulation process also took about 5 years, but cost considerably less, coming in at \$850,000. Like Miami, Denver also sought to overcome the shortcomings of the previous conventional zoning code, Chapter 59 (City of Denver, 2010).

This political participation process was also a highly attended, meaningful code formulation process, featuring a context-based and form-based approach incorporating a strong design-orientation that advanced participation through visual communication. The result of this process has produced user-friendly, specific regulations that also increase predictability.

8. ANALYSES

The following analyses feature single author analyses where the control was created using the same property replicated through various time periods reflective of before-and-after analyses of the form-based code formulation processes. These analyses were performed for both case study contexts across the same time intervals. Property value analyses are taken from the parcels depicted in Figure 3 and Figure 5 are used to begin to consider the source of declining homeownership rates and income analyses are also used to consider the root of the increase in cost burdened households. Housing data obtained from the U.S. Census Bureau (2018) and the Florida Housing Finance Corporation (2016) and property tax information obtained from both respective counties, Miami-Dade County and Denver County, are used to capture the values prior to code formulation and following code formulation. Data analysis used establishes a conversation through a then and now snapshot of housing values to consider housing affordability and economic growth while factoring in the potential for outcome inequality.

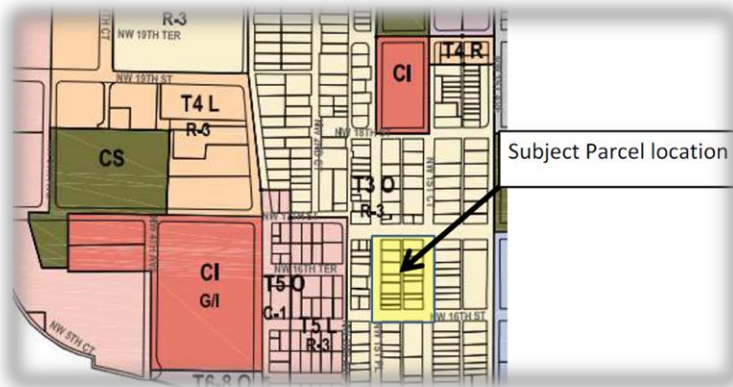


Figure 3. Miami Subject Parcel Location. Source: City of Miami, 2019.

Miami Dade County adjusted rapid increases by providing homestead exemptions that keep escalating property values at bay in terms of taxation. However, the individual seeking to purchase a home is subject to a market with greater volatility and the potential for greater

levels of taxation due to increased actual, market, and appraised values that result from a latent entry into the market relative to other factors being relatively constant within a proximate reference of time. By utilizing the same property in each analysis at different intervals in time, we can begin to consider how changes occurring may affect affordability levels before and after extensive participation opportunities. While the examination of existing research has indicated that advanced participation can reduce inequality (Solt, 2008), there is a need to consider how inequality may be produced in other areas perhaps requiring advanced conversations on housing affordability within code formulation processes to best support market dynamics. In Denver County, the actual value is subject to a formula that produces a very low assessed value from which to calculate property taxes that has a similar effect and intent as the homestead exemptions used throughout the State of Florida.

Miami	2010	2015	2017
1541 NW 1 PL	180,429	220,000	235,000
		+39,571	+54,571
1535 NW 1 PL	220,029	220,000	235,000
			+14,971
1525 NW 1 PL	529,828	600,000	700,000
		+70,172	+170,172
161 NW 15 ST	251,374	247,500	299,475
			+48,101
1540 NW 1 CT	552,000	528,000	638,880
			+86,880

Figure 4. Miami Land Value Analyses. Source: Miami-Dade County Property Appraiser, 2019.

The findings demonstrated within Figure 4 and Figure 6 demonstrate that prior to 2010 most housing property taxes remained relatively stable from year to year primarily in both Denver and Miami. However, since 2012 and on-going, values have been rapidly increasing overall in both contexts. In Florida, according to the Florida Housing Finance Corporation's (FHFC) 2016 *Rental Market Study*, homeownership rates fell 6% (from 71%-65%) from 2007 until 2014. Miami's homeownership rates specifically also continue to fall. In 2000 the home ownership rate was 35%, and in 2010 it fell 3% to 32% and in 2016 it was 31% according to FHFC (2016). Colorado's homeownership rate 70.2% in 2007 and fell to 62.4% in 2016 according to the U.S. Census Bureau (2018). Meanwhile, according to the U.S. Census Bureau, the median household income in Miami was just \$44,224 in 2016.

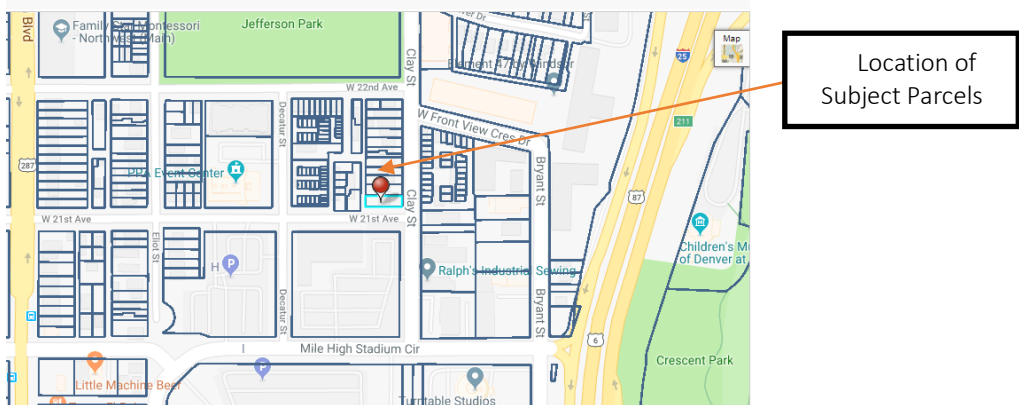


Figure 5. Denver Subject Parcel Location. Source: Denver County Property Appraiser, 2019.

Growth U.S. Census data reveals the growth that Denver is also experiencing (2018). In 2010, the total number of household units was 286,635 and the population was 604,879 people. In 2016, the total number of household units was 314,631 and the population was 693,292 people. Total number of households in 2010 was 265,233 and in 2017 there were 311,384 households and in 2025 it is projected that there will be 367,086 households in Denver. Single family or multifamily units were selected in similar contexts within each case study for comparison purposes. Each property in each context has seen increases overall since 2010. Meanwhile the median household income in Denver was just \$56,258 according to the U.S. Census Bureau.

Denver	2009	2010	2017
2101 Clay	316,000	316,000	633,300
			+317,300
2107 Clay	147,700	147,000	325,700
			+178,000
2109 Clay	222,200	222,200	454,600
			+232,300
2117 Clay	160,800	160,800	292,600
			+131,800
2123 Clay	350,500	350,00	621,800
			+271,300

Figure 6. Denver Land Value Analyses. Source: Denver County Property Appraiser website, 2019.

9. DISCUSSION

Through the exploration of political participation as an agent of change that can reduce inequality, we find a non-traditional measure of economic growth where the reduction of inequality through public political participation is another form of economic development. By analyzing public political participation processes and considering the notion of inequality more holistically we find avenues to further explore critical, reflexive relationships to more completely understand the power of public political participation and its relationship in improving inequality in the quest to advance the quality of life through complex, yet meaningful, interdisciplinary conversations.

These qualitative analyses depicting the level, quality, and extent of participation alongside property value analyses have demonstrated how political participation can affect inequality in terms of reducing participatory inequality and show that other measures of inequality may be affected by processes that bolster economic growth.

Findings of this study include that both form-based code participatory processes within each context produced high levels of participation, and both were highly visual-based. Both Miami and Denver produced extensive participation for the development of the form-based codes for each city. While these public participation workshops were highly attended, ongoing opportunities to continue to participate are limited, and in some cases non-existent, following code adoption within each context. While there are increasing levels of new technologies including social media, which offer additional forums, research has shown that these are limited in terms of audience participation, endorsements indicated by “liking”, or by presenting an opportunity to dissent as activists (Koc-Michalska & Lilleker, 2017).

The chance to shape policy is therefore limited within these additional forums and would not achieve the same level of criteria set by Innes and Booher in 1999 that the participatory processes within this research study were subjected to.

Therefore, these would not be considered meaningful, which is a critical determination in reducing inequality and according to Frederick Solt (2008). As a result of Covid-19 we have seen technology used to advance participation; however, the criteria established by Innes and Booher in 1999 remains an important evaluative tool to ensure the quality of public political participation processes to most effectively reduce inequality.

10. CONCLUSION

The process and outcome analyses demonstrate greater levels of community buy-in and predictability achieved through the development of a distinctive social fabric and identity that is the foundation of high-quality place-making. Meaningful political participation opportunities are a keystone component of advanced democracies that can be optimized to further reduce inequality and strengthen communities. This exploration is worthy of further advancement and analysis to continue to maximize inclusion and economic growth while reducing inequality.

Limitations of the research include that these studies are complex and opportunities to conduct planning at this level usually only occurs every 20 or 30 years at best. Not all communities have the time and the financial means to pursue these processes at first glance. However, if studies continue to show the extrinsic and intrinsic values of these undertakings perhaps more communities will prioritize their value and see the benefit of economic growth achieved through the reduction in inequality.

Within the study it was found that property values have been increasing, as is the population in both case studies while the number of housing units were also increasing; however, it is emphasized that homeownership rates are declining. These processes have reduced inequality in terms of access and format through sophisticated collaboration. Outcomes following these processes demonstrate an increase in housing costs and a decrease in housing affordability.

Even still, political participation opportunities within these case studies are critical in that participatory equality has improved; however, methods are needed to maximize inclusion to result in even greater economic growth through a reduction in additional identified and measured forms of inequality to further advance this research.

What matters is that opportunities are sought out to continue these critical conversations and new methods are devised to ascertain a greater scope of what constitutes and perpetuates inequality since fewer opportunities for the public to participate can foster diminished levels of interest which according to Solt (2008) leads to greater levels of inequality.

11. AREAS FOR FURTHER RESEARCH

These findings will be strengthened as the study is replicated throughout multiple jurisdictions that aspire to elevate public political participation and collaboration to meaningful levels that meet or surpass the criteria established by Innes and Booher (1999).

By evaluating the code formulation processes and performing before-and-after analyses on housing affordability, we can strengthen conclusions to support these processes while acknowledging the potential need for additional conversations and methods to reduce inequality that increase economic growth.

While the cases within this study represent a couple of major metropolitan areas within U.S., there is much to be learned by analyzing and comparing local contexts internationally to further consider the effects of participation and inclusion in advancing the quality of life while reducing inequality.

After visiting São Miguel Island in the Portuguese Archipelago Azores, the City of Ponta Delgada was discovered as a forerunner in terms of innovation and inclusion at the local level and is leading the way with participatory budgeting initiatives.

According to an online interview conducted with the Participatory Budget of the Azores (OP Azores), the organization “is a deliberative, direct and universal democratic process that aims to strengthen the quality of democracy, valuing participatory democracy, providing citizens with the direct decision-making power on the use of public funds, fostering the active and informed participation of citizens in the political decision-making process and stimulating economic and social cohesion, enhancing the emergence of projects that contribute to the development of the Region” (OP Azores, personal communication, November 27, 2019). While this study has centered on participation within local government planning processes, it will be enriching to consider how the quality of participation and the quality of life can be advanced through collaboration regarding budgeting goals and objectives.

Likewise, there is much to be learned in how each local context accumulates and disperses revenue and how land ownership affects the individual in terms of wealth-building and equality in local contexts throughout the world.

This will lead to advancements in the use of political participation and development to best address inequality and work to eliminate poverty.

12. REFERENCES

- City of Denver (2010). Chapter 59.
https://library.municode.com/co/denver/codes/code_of_ordinances?nodeId=TITIIREMUCO_CH59ZO
- City of Miami (2010). Miami 21. Miami Zoning Code. <https://codehub.gridics.com/us/fl/miami>
- Florida Housing Finance Corporation (2016). Rental Market Study.
http://www.floridahousing.org/FHImageWebDocs/Newsroom/Publications/MarketStudies/2016/2016_Full_RMS_fina.pdf
- Fung, A. (2004). *Empowered Participation: Reinventing Urban Democracy*. Princeton University Press.
- Innes, J., & Booher, D. (1999). Consensus building and complex adaptive systems: A framework for evaluating collaborative planning [Electronic version]. *Journal of the American Planning Association*, 65(4), 412-423.
<https://doi.org/10.1080/01944369908976071>
- Jun, H. (2017). The Link Between Local Comprehensive Plans and Housing Affordability: A Comparative Study of the Atlanta and Detroit Metropolitan Areas. *Journal of the American Planning Association*, 83(3), 249-261.
<https://doi.org/10.1080/01944363.2017.1321496>
- Koc-Michalska, K., & Lilleker, D. (2017). Digital Politics: Mobilization, Engagement, and Participation. *Political Communication*, 34(1), 1-5. <https://doi.org/10.1080/10584609.2016.1243178>
- Rangwala, K. (Winter 2010). Place-based economy. *Economic Development Journal*, 9(1), 42-47.
https://rangwalaassoc.com/wp-content/uploads/Ideas/Articles/2010_Place_based_Economy.pdf
- Solt, F. (2008). Economic Inequality and Democratic Political Engagement. *American Journal of Political Science*, 52(1), 48-60. <https://doi.org/10.1111/j.1540-5907.2007.00298.x>
- Thomas, A. (2017). Democracy, Capital, and the Rise of the New Inequality. *Political Theory*, 45(6), 863-876.
<https://doi.org/10.1177/0090591717693754>
- U.S. Census Bureau (2018). Housing Vacancies and Homeownership.
<https://www.census.gov/housing/hvs/index.html>
- Watt, S., & Wakefield, C., eds. (2017). *Teaching Visual Methods in the Social Sciences*. Routledge.
- Wright Bowen, K. (2011). *Participation and Predictability: A Comparative Analysis of Processes and Outcomes of the Form-based Codes and Previous Conventional Zoning Codes of Miami, Florida and Denver, Colorado*. [Unpublished master's thesis]. University of Florida.
https://ufdcimages.uflib.ufl.edu/UF/E0/04/38/62/00001/WRIGHT_K.pdf

COMBINING CRITICAL INCIDENT TECHNIQUE AND CONTENT ANALYSIS TO INVESTIGATE CRITICAL EMOTIONAL BEHAVIORS IN SALESPERSON-CUSTOMER INTERACTIONS

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Abstract. In this chapter, we describe how we used both a Critical Incident Technique (CIT) survey and content analysis for collecting and identifying critical emotional behaviors in salesperson-customer interactions involving a subsequent decision to buy or not to buy. Using numbers to generate meaning from qualitative data, we present a detailed exemplar of the staged process consisting of: (1) data collection by means of an open-ended questionnaire; (2) inductive identification of categories; and (3) coding of empirical material, concerning critical emotional behaviors related to success and failure in sales interactions. Using this work, the chapter proposes a specific CIT survey process to identify critical phenomena contributing to or hindering the achievement of a specific task. This study also suggests precise category development and content analysis procedures that can be combined with a CIT survey or used to analyze written empirical material from a positivist perspective.

Keywords: Qualitative Research, Qualitative Methodology, Critical Incident Technique, CIT Survey, Critical Behaviors, Content Analysis

1. INTRODUCTION

The body of literature on how salespeople's emotional labor (i.e. emotion management) in interactions with customers impacts selling success is both sparse and conflicting. Researchers have found either a positive relationship between emotional labor and sales level (Brotheridge, 2006) or a negative one (Sutton & Rafaeli, 1988). Moreover, some researchers claim that emotional authenticity has a greater impact on customers' attitudes and behaviors (Ashkanasy & Daus, 2002; Grandey et al., 2005). Based on a critical incident technique (CIT) survey, we conducted a qualitative study with the aim to explain the impact of salespeople's emotion management on selling success in sales interactions. We combined the CIT (Flanagan, 1954) and basic content analysis (Weber, 1990) in a positivist approach (Bitner et al., 1990). The objective of this chapter is to present how to use both a Critical Incident Technique survey and basic content analysis for collecting and identifying critical emotional behaviors in salesperson-customer interactions involving a subsequent

decision to buy or not to buy. After a presentation of the theoretical background on emotions and emotional labor, we detail the methodological process.

2. THEORETICAL BACKGROUND OF THE EMPIRICAL STUDY

Emotions are defined in this section. We also present the seminal conceptualization of emotion labor and its dimensions. We then expose further approaches concerning the concept of emotional labor.

2.1 Emotions

Emotions are mental states arising from cognitive appraisals of events or thoughts (Bagozzi et al., 1999). In addition to being a subjective experience, emotions have an expressive dimension. Indeed, they are expressed physically in gestures and postures (Bagozzi et al., 1999) and facial features or “signs” (Ekman et al., 1980). Emotions may also result in specific actions (Bagozzi et al., 1999) having an impact on one’s behavior. The valence of these mental states is either “positive,” pleasant, or “negative,” unpleasant (Scherer, 2005).

2.2 Emotional Labor

In her seminal work, Hochschild (1983) defines emotional labor as “the management of feeling to create a publicly observable facial and bodily display” during face-to-face contact or, at a minimum, a verbal exchange with the customer (p. 7). Following “feeling rules,” the employee is required to manage his/her emotions to produce an emotional state in another person, namely the client. Thus, emotions have an exchange value and emotional labor is part of the work role. Grandey and Gabriel (2015) add that emotional labor constitutes “an occupational category, the emotional effort or labor to perform that job, and the interpersonal expressions as the fruits of the labor” (p. 324). Emotional labor consists of three dimensions: (1) surface acting, which corresponds to a control over one’s displayed emotions (Hochschild, 1983); (2) deep acting, which is control over one’s felt emotions (Hochschild, 1983); and (3) the expression of spontaneous and genuine emotion, “emotional authenticity,” conforming to emotional rules (Ashforth & Humphrey, 1993).

2.3 Moving Beyond the Classic Emotional Labor Dimensions

The three emotional labor dimensions can also be considered as “emotional regulation strategies” (Diefendorff & Gosserand, 2003; Diefendorff et al., 2005). For Wharton and Erickson (1993), the purpose of the auto-regulation of emotional exhibition is to produce intended effects on others’ minds. By being both self-focused and focused on others (Pugliesi, 1996), emotional labor requires control of one’s own emotions and also consists in managing the customers’ emotions (Thoits, 1996). Customers’ emotional expressions are taken into consideration by the employee who then adjusts his or her own emotional behavior accordingly (Rafaeli & Sutton, 1987).

However, Grandey and Gabriel (2015) suggest to “expand beyond measures of surface and deep acting” (pp. 328-329). The measures for surface and deep acting have “confounding and artifactual issues” (Grandey & Gabriel, 2015, p. 328) that influence interpretation of findings. Indeed, surface acting may “capture” negative mood and both amplification and suppression, whereas deep acting may be confounded with motivation. Thus, other emotional labor approaches move away from the traditional surface and deep acting. One of these approaches can consist in considering both expressive regulation with other strategies to regulate one’s own emotions and also the emotions of others (Grandey & Gabriel, 2015).

2.4 The Critical Incident Technique (CIT)

In this section, we present the historical roots as well as the general principles of the CIT. We also indicate why the CIT combined with content analysis was chosen as a qualitative research method. We argue that the use of numbers in qualitative research makes it possible to extract more meaning from qualitative data. In addition, we specify our epistemological perspective.

2.5 Historical Roots and General Principles of the CIT

The Critical Incident Technique has become a widely used qualitative research method. The CIT has its origins in industrial and organizational psychology. It was “developed during World War II as an outgrowth of the Aviation Psychology Program of the US Army Air Forces (USAAF) for selecting and classifying aircrews” (Butterfield et al., 2005, p. 477). This research method is primarily based on observation of behaviors that contributes to the success or the failure of a specific activity (Gremier, 2004). Indeed:

The collection and tabulation of these observations make it possible to formulate the critical requirements of [this] activity. A list of critical behaviors provides a sound basis for making inferences as to requirements in terms of aptitudes, training, and other characteristics. (Flanagan 1954, p. 355)

The critical incident approach can focus not only on cognitive, conative, but also on emotional behaviors (Bitner et al., 1990, p. 73). These behaviors are considered as being “effective” or “ineffective” within the context of a general aim. Thus, the general objective of the activity to be studied must be stated. For instance, the general aim of salespeople is specifically to sell goods to customers (Swan & Rao, 1975). According to Flanagan (1954), the CIT can record specific behaviors from those in the best position to make the necessary observations and evaluations which can be accomplished by the individuals performing the activity. In particular, the objective is to gain an understanding of “critical behaviors” from the perspective of the individual (Chell, 2004).

Flanagan advocated four ways of obtaining recalled data: “1) individual interviews; 2) group interviews; 3) questionnaires; and 4) record forms” (Butterfield et al., 2005, p. 478). Obtaining recalled data can consist of eliciting a story from respondents about something that happened to them. In this sense it represents a description (Pellat et al., 2010). Gremier (2004) states that “once the stories (critical incidents) have been collected, content analysis of the stories takes place” (p. 66). Gremier (2004) adds that information contained in the stories is then “scrutinized” to identify data categories that summarize and describe the incidents. The categories of classification can be determined using an inductive approach, *ex post facto*. From a positivist perspective, the goal of the content analysis is the development of a classification system to provide insights regarding the frequency and patterns of factors affecting the studied phenomenon (Gremier, 2004).

In the methodology sections of this chapter, we present a detailed exemplar of the CIT, combined with content analysis: (1) data collection by means of an open-ended questionnaire; (2) inductive identification of categories; and (3) coding of empirical material concerning critical emotional behaviors related to success and failure in sales interactions.

2.6 Combining the CIT with Content Analysis and Generating Meaning with Numbers

After considering several other research methods, we selected the critical incident technique as the most appropriate for identifying the emotional behaviors involving or hindering selling success during salesperson-customer interactions. As mentioned above, the CIT can

actually provide a clear understanding of what behaviors are effective or ineffective (Swan & Rao, 1975, p. 298). In addition, the CIT method is especially useful when the topic being researched has been sparsely documented, or when a thorough understanding is needed to describe or explain a phenomenon (Gremler, 2004, p. 67). It is an exploratory method for increasing knowledge about little-known phenomena.

As mentioned earlier, previous research on how salespeople's emotion management impacts selling success is both sparse and conflicting. In addition, the CIT has been primarily dedicated to the recording of behaviors that lead to success or failure in accomplishing a specific task (Ronan & Latham, 1974). A recognized effective investigative tool (Butterfield et al., 2005), the CIT makes it possible to further examine emotional behaviors contributing to successful and failed sales interactions.

Flanagan (1954) considered the CIT not as a rigid set of rules governing data collection and analysis, but rather as a "procedure" for identifying important facts concerning phenomena in specific situations (p. 335). Indeed, the CIT consists of a flexible set of principles which must be modified and adapted (Butterfield et al., 2005). Due to its exploratory-investigative nature, and also because of its flexibility as a qualitative research method (Butterfield et al., 2005), the CIT has tremendous advantages. One of them is that, when used with content analysis, the CIT utilizes both qualitative and quantitative examination of empirical material. Indeed, when qualitative researchers take raw data and place them into categories in which they attach codes or designate as themes, "they are drawing from the numbered natured of phenomena for their analysis" (Sandelowski, 2001, p. 231).

Qualitative and quantitative examinations of empirical material are usually thought to be antithetical forms of analysis (Bitner et al., 1990; Sandelowski, 2001), but their combination actually provides both "rigor and vigor" (Bitner et al., 1990, p. 73). When analyzing qualitative data, to display information numerically make it possible to have patterns emerge with more clarity (Dey, 1993). Indeed, "numbers intended primarily to document and verify will also inevitably enable researchers to extract more meaning from qualitative data" (Sandelowski, 2001, p. 231). Though numbers are used to generate meaning, they also help to document the steps taken to arrive at meaning.

2.7 Epistemological Perspective

When Flanagan wrote his classic article in 1954, “a positivist approach to social science investigations was largely unquestioned. It was the dominant paradigm in the social sciences as it was in the natural sciences” (Chell, 2004, p. 45). Though a qualitative research tool, the CIT was primarily viewed as a scientific procedure to objectivate and to measure existing phenomena in order to predict and control them in the field of job and task analysis. However, postulates on which the CIT is based are related to a quantitative research perspective. Therefore, a quantitative terminology as well as quantitative validity and reliability checks are used by some researchers (Butterfield et al. 2005). This research method may be applied not only in a positivist tradition, but also in an interpretivist one (Gremler, 2004), or even in a phenomenological or post-modern perspective (Chell, 2004). The research design combining the CIT with content analysis assumes a predominantly positivist approach. Indeed, “qualitative work can be positivist: it can attempt to document practices [or behaviors] that lead consistently to one set of outcomes rather than another” (Lin, 1998, p. 162). Thus, like prior CIT studies (Swan & Rao, 1975) our perspective is more explanatory than comprehensive.

3. Methodology

This section is dedicated to describing the data collection, category development, and coding processes of the empirical material. Moreover, the unit of analysis is specified. We also indicate how the reliability of the coding process was measured.

3.1 Data Collection

This exploratory and inductive qualitative study involved more than 400 hundred salesperson-customer interactions. We collected descriptions of salespeople’s and customers’ emotional behaviors during both successful and failed sales interactions, involving a subsequent buying decision or decision not to buy (Tang et al., 2013a; Tang et al., 2013b). For our CIT survey, we devised a self-administered open-ended questionnaire (Smith et al., 1991) in two versions. Version A concerned successful sales interactions. Version B was related to failed sales interactions. We asked salespeople to think about a recent sales interaction that was either successful (version A) or not (version B). The purpose was to have them describe their emotional states and emotional behaviors, specifically related to their control over their emotions during the sales interaction regardless

of its success. We asked respondents to report whether they managed their emotions or whether they expressed genuine ones. We also asked respondents to narrate the customers' emotional behaviors, attitudes, and behaviors (e.g. to ask a question). We tested the questionnaire five times with groups composed respectively of 6, 13, 12, 27 and 6 marketing and sales employees. After each test, we reformulated some questions to ensure that they were understood and interpreted as intended (Foddy, 1993). Table 1 presents the structure of the questionnaire.

Table 1. Structure of the Open-ended Questionnaire.

The open-ended questionnaire is composed of:
An introduction:
“Do you remember a recent ‘successful’ [version A] or “unsuccessful” [version B] sales interaction with a customer, either face-to-face or over the phone? Answer the questions on the following pages in the MOST DETAILED WAY POSSIBLE”.
Three series of open-ended questions about:
- the context of the sales interaction - the salesperson’s control over his or her emotions - the customers’ emotional behaviors
A demographics section asking about:
- Status (e.g. salaried salesperson or commercial agent), activity sector, education,...

In the course of two rounds spread out over 18 months, we sent questionnaires by email to a total of 226 employees in marketing or sales departments in various business sectors. The first campaign involved 95 employees and the second involved 131. These employees had to send the questionnaire (version A and B) respectively to two salespeople in their professional networks. We collected a total of 483 questionnaires. Respondents typed more than 95% of the completed questionnaires and handwrote the remainder. We could not use 29 questionnaires either because they were incomplete, their narrative lacked substance, or for other reasons having to do with the research requirements (e.g. description of a purchasing event rather than a sales event; illegible handwriting, etc.). Thus, we could utilize 454 responses for the objectives of the study. About half of the usable questionnaires concerned successful sales interactions and the other half concerned failed ones.

3.2 Specification of the Unit of Analysis

Keaveney (1995) indicates that “because the term ‘critical incident’ can refer to either the overall story or to discrete behaviors contained within the story, the first step in data analysis is to determine the appropriate unit of analysis” (p. 73). Therefore, we differentiated between “critical incidents” (i.e. descriptions of the sales interactions made by the respondents in the questionnaires) and “discrete behaviors” (i.e. specific emotional behaviors reported in these overall descriptions). As mentioned in Appendices 1 and 2, we designated these discrete behaviors as “critical emotional episodes” or “emotional episodes.”

To further qualify these emotional episodes, we determined that units of meaning (Dumez, 2016) would best preserve the specificity of the data. Units to be coded corresponded to salespeople’s and customers’ emotional behaviors, e.g. “I really had to manage my emotions with this client” or “the client was angry” (see Appendices 1 and 2 for other examples). We identified a total of 2351 units in the usable questionnaires: 1288 in the descriptions concerning successful sales interactions and 1063 in those with regard to failed ones.

3.3 Category Development

To get acquainted with and to prepare the empirical data, the first author read the answers provided in the 194 open-ended questionnaires collected in the first round of data collection. He rejected a total of 10 questionnaires. We assigned the 184 usable questionnaires a number for data management purpose. Reading and rereading of the answers provided in the open-ended questionnaires (Bitner et al., 1990) made it possible to identify categories (Keaveney, 1995) of “critical emotional episodes.” We sorted these categories into groups and subgroups (Bitner et al., 1990). We then designed a thematic tree ordering the 36 identified categories (e.g. “salesperson incapacity to hide emotions”) into 14 subgroups (e.g. “salesperson emotion dissimulation”), ordered into four generic groups (e.g. “salesperson self-focused emotional labor”) (Paillé & Mucchielli, 2016, p. 317). After rereading of the answers given in the open-ended questionnaires, we adjusted some categories in the thematic tree. Categories were then named (Gremler, 2004).

The first author developed a categorization coding matrix including a definition for each category. We then randomly selected some questionnaires. We identified “critical emotional episodes” by highlighting units of meaning while reading the answers.

We created a sample of about 150 “critical emotional episodes.” The first author then classified these units of meaning to be coded under the appropriate category (Dumez, 2016). This was followed by reverse coding of the sample in conjunction with correction of coding errors (Van Der Maren, 2009).

Table 2. Categories and Subgroups Concerning Salespeople’s Emotional Behaviors (Group 1).

Group 1	Subgroups	Categories
Salesperson(s)’ emotional behavior	1.1 Emotional behavior focused on client(s)	1.1.1 Expression of genuine emotions (i.e. emotional authenticity)
		1.1.2 Control of felt and expressed emotions
		1.1.3 Hiding of felt emotions
		1.1.4 Empathy toward client(s)
	1.2 Difficulty or inability to manage emotions	1.2.1 Difficulty or incapacity to control felt and/or expressed emotions or the client(s)’ ones
		1.2.2 Difficulty or incapacity to hide own emotions
		1.2.3 Very negative felt and <u>expressed</u> emotional reaction
		1.2.4 Emotional “discomfort” before sales interaction
	1.3 Emotional valence during sales interaction	1.3.1 Positive valence
		1.3.2 Negative valence
		1.3.3 Indifference or absence of emotions

The same researcher coded the same sample one month later, again with correction of coding errors. Another author then coded that sample. Both researchers then discussed of discrepancies (Dumez, 2016) which led to the revision of categories which included a compression of their number and redefinition of some of them. The thematic tree and the coding matrix resulted in 22 categories (vs. 36 earlier), classified into six subgroups, themselves organized into two groups (see Table 2 and Table 3). As reported in Table 2 above, 11 categories concern the salespeople’s emotional behaviors (Group 1), e.g.

“expression of genuine emotions.” We regrouped these categories to form thematic subgroups, e. g. “emotional behavior focused on client(s).”

We present representative quotes for each coding category in Appendices 1 and 2. Table 3 below presents the 11 categories and subgroups concerning the customer(s)’ emotional behaviors (Group 2).

3.4 Coding of the First Data Collection and Reliability Check

By highlighting the “units of meaning” (see Appendices 1 and 2 for examples), the first author identified the “critical emotional episodes” in the remaining body of empirical data from the first round of data collection. We processed the coding of this written material, using the coding matrix, in an uninominal way; that is, each unit to be coded could only be classified in one category (Weber, 1990). The researchers’ reverse coding with correction of coding errors led to refining the definitions of the categories.

Table 3. Categories and Subgroups Concerning Customers’ Emotional Behaviors (Group 2).

Group 2		Subgroups		Categories	
Client(s)’ behavior	emotional behavior	2.1 Self-focused behavior	emotional	2.1.1	Expression of genuine emotions (i.e. emotional authenticity)
				2.1.2	Management of own emotions
				2.1.3	Difficulty or incapacity to manage own emotions
				2.1.4	Strong expression of annoyance and anger
		2.2 Emotional behavior focused on salesperson(s)		2.2.1	Empathy toward salesperson(s)
				2.2.2	Perception of salesperson(s)’ negative emotions
				2.2.3	Management of salesperson(s)’ emotions
		2.3 Emotional valence expressed during sales interaction		2.3.1	Positive valence
				2.3.2	Negative valence
				2.3.3	Neutral valence or negative valence followed by positive
				2.3.4	Indifference or absence of expressed emotions

Subsequently, as presented in Table 4 below, we evaluated intra-coder reliability. In a random selection of questionnaires, we identified the “critical emotional episodes,” highlighting the units of meaning in order to discover at least 150 units to be coded. The total sample size consisted of 158 units. To measure inter-coder reliability in a data sample, the sample must contain more than 150 units (Guetzkow, 1950). The same rule can be applied to intra-coder reliability. We completed an uninominal classification of the units to be coded, using the coding matrix. Then, we performed reverse coding of the sample with a correction of coding errors.

3.5 Coding of the Second Data Collection and Reliability Check

Again, the same researcher coded the same sample one month later. We then calculated the Cohen’s (1960) Kappa. The Kappa equals .917, which is an excellent result (Landis & Koch, 1997). We also performed a calculation of the Perreault and Leigh’s (1989) Ir. The Ir equals .959, the reliability is thus very good (Gremier, 2004; Perreault & Leigh, 1989). Based on the results of both the coding and the counter-coding, we made an adjustment of the coding of the sample. To measure inter-coder reliability (see Table 4), a second researcher coded the sample. The Kappa equals .728, which is a good result (Landis & Koch, 1997). The Perreault and Leigh’s (1989) Ir equals .861, which is also evidence of good reliability (Gremier, 2004).

Table 4. Values of Reliability Indexes during the First Round of Data Collection and Coding

	Intra-coder reliability	Inter-coder reliability
Values of Cohen’s Kappa	0.917	0.728
Values of Perreault and Leigh’s Ir	0.959	0.861

The first author read the answers provided in the 289 open-ended questionnaires collected in the second round of data collection. We rejected 19 questionnaires. We then assigned a number to the 270 usable open-ended questionnaires. Like for the first data collection, we followed this by identification of the “critical emotional episodes” (highlighting the units of meaning) in the questionnaires and “uninominal” classification into the categories. We then re-read all the responses and corrected coding errors.

We measured intra-coder reliability the same way as for the first data collection with a sample size of 155 units. Kappa equals .893, a very good result according to Landis and Koch (1997). The Ir equals .947, which is evidence of excellent reliability (Perreault & Leigh, 1989). We then adjusted the coding of the sample based on the results of both coding and counter-coding. Evaluation of intercoder reliability was also satisfactory, with a good result (.750) for Cohen's Kappa (Landis & Koch, 1997), and a good reliability score (.873) for the Ir index (Gremier, 2004). Table 5 below presents the values of reliability indexes during the second round.

Table 5. Values of Reliability Indexes during the Second Round of Data Collection and Coding

	Intra-coder reliability	Inter-coder reliability
Values of Cohen's Kappa	0.893	0.750
Values of Perreault and Leigh's Ir	0.947	0.873

4. FINDINGS

For each of the 22 categories, we calculated relative and absolute frequencies based on the number and percentage of respondents mentioning the category at least once. We made this calculation using Sphinx Plus and Sphinx IQ2 softwares, which we configured for this process. We identified quotes in the completed questionnaires to provide a more comprehensive understanding of the emotional behaviors. See Appendices 1 and 2 for examples. For some salespeople, emotion management was a form of theatricality. Referring to a sales interaction, a respondent claimed that "it was nothing but theatrical, with a great [felt] culpability. During these kind of sales [interactions] I don't show my real emotions but rather faked ones, overplayed."

More than 50 completed questionnaires reported salespeople's emotion management after a customer's decision whether to purchase or not the product or service. For instance, a respondent reported, "I was disappointed in my inner-self, but I didn't show it." Emotion management was performed even after a purchase decision, while the salesperson went on interacting with the client, either face-to-face or on the phone. Even when the decision was positive (i.e. a purchase), some salespeople claimed they still had to manage their emotions. For example, one respondent said "[...] once the sale is over and successful, I don't show my

satisfaction to the client, I must stay 'neutral' and I don't display my real emotions at that very moment."

Salespersons also expressed genuine emotions during sales interactions. Results showed that salespeople's emotional authenticity was associated with successful sales (32%). According to some respondents, emotional authenticity was indeed part of effective selling. One salesperson declared that the emotions expressed during the sales interaction "were sincere" and added, "I believe that one should strive to be as natural as possible."

In comparison with emotional authenticity, salespeople's control and dissimulation of emotions were more often associated with successful sales (73%). But control and dissimulation were also linked to sales failure (78%). During sales interactions, salespeople had a greater tendency to manage their emotions, rather than being emotionally authentic. For many salespeople, emotion management was part of the work role. As the following comment by a salesperson illustrated, "I must always be smiling and respectful. The company's image is at stake." Furthermore, some respondents reported that it was "professional" to perform emotion management (i.e. emotional labor). For example, one salesperson said, "Emotion management was of utmost importance at that very moment, because I had to stay professional." Another salesperson indicated, "I managed my emotions the best I could in order to look professional."

It should be emphasized that emotion management is not only performed face-to-face but also during phone interactions, as related by this salesperson:

"Emotion management is very important, especially for me because I contact my clients only by phone. A smile can be heard, even when not in face-to-face. Especially when handling [customers'] objections. You can't lose control when the client says, 'it's too expensive,' or 'I don't need it'."

Results revealed a 28% relationship between sales failures and customers' expressions of annoyance or anger. One respondent said, "besides the 'rejection' the client felt for the service [I was proposing], he let himself be driven by his emotions of anger and discontent." Findings also demonstrated a 20% relationship between sales failures, the salespeople's difficulties or inability to hide emotions, and the inability to manage their own or their clients' emotions.

Salespeople's negative emotions (i.e. a negative emotional valence) are associated with failed sales interactions (24%). One respondent noted, "During this kind of sales conversation, the only felt emotion was a feeling of mistrust." Moreover, 26% of the respondents reported having positive emotions during a successful sale. "I was serene," wrote a saleswoman while describing a successful sales interaction. Sales people associated a positive emotional valence displayed by the customer with a successful sale and a negative valence (e.g. a "skeptical" client) was associated with a failed one.

5. FINAL CONSIDERATIONS

Results corroborate previous findings concerning frontline employees, but not specifically salespeople. Our study notably contributes to the literature by extending some results (Grandey & Gabriel, 2015) to sales management. Results also lead to new conclusions. The fact that some salespeople consider emotion management as a form of theatricality seems to corroborate Hochschild's (1983) work that linked emotional labor to dramaturgy. Furthermore, some descriptions of salesperson-customer interactions indicated that emotion management was also performed after the customer's decision whether to purchase or not the product or service. To the best of our knowledge, no empirical study had revealed this particular phenomenon. In some cases, emotional labor seemed to be even more intense after the customer's decision, especially if she/he decided not to buy the product/service.

Some salespeople reported expressing genuine emotions during interactions with customers. This supports previous findings such as the display of naturally felt emotions (conforming with emotional rules) as one dimension of emotional labor (Ashforth & Humphrey, 1993). Additionally, it supports these as being an individual "strategy" (Diefendorff et al., p. 340). Some researchers claimed that authenticity has a positive impact on customers' attitudes (e.g. favorable impressions in customers' minds) and behaviors (e.g. reactions such as purchasing the product or service) (Ashkanasy & Daus, 2002; Grandey et al., 2005). For many respondents, emotion management was part of the work role and of professionalism. This corroborates the body of literature which links emotional labor to job requirements and to professional norms (e.g. Bhawe & Glomb, 2016). One of the employees' motives for emotion regulation at work was indeed to conform to these norms (Adelmann, 1995).

The stakes are high concerning practical implications for these findings. Previous findings showed that "faking emotions" had a negative impact on employees' well-being, namely

burnout (Grandey & Gabriel, 2015). In addition, “faking emotions” can actually be perceived by customers (Hülshager & Schewe, 2011) and “exerts negative effects when customers perceive it as such” (Groth et al., 2009, p. 969). We know that customers prefer to be treated in an honest and authentic way (Hennig-Thurau et al., 2006). This is one of the reasons why authenticity triggers positive emotions “within customers” (Hennig-Thurau et al., 2006, p. 61).

The CIT has some methodological drawbacks. A low response rate is likely because the CIT requires individuals to take time and effort to describe situations in detail (Johnston, 1995). In addition, respondents may not be accustomed, or willing, to take the time to make descriptions of critical incidents (Edvardsson & Roos, 2001). Furthermore, the “incident” can later be reinterpreted by respondents (Johnston, 1995). Being a retrospective method, the CIT can produce recall bias (Pellat et al., 2010) or be affected by memory lapses (Singh & Wilkes, 1996). To some extent, the critical incident technique has also been criticized for its drawbacks concerning both reliability and validity (Chell, 2004).

Furthermore, the CIT shares the disadvantages of content analysis when the descriptions of the critical incidents are analyzed using a content analysis procedure (Bitner et al., 1990). One of the main disadvantages stems from the ambiguity associated with category labels and coding rules (Weber, 1990). However, despite its methodological drawbacks, the critical incidents technique offers tremendous methodological benefits (Bitner et al., 1994; Flanagan, 1954).

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6. REFERENCES

- Ashforth, B. E., & Humphrey, R. H. (1993). Emotional labor in service roles: The influence of identity. *Academy of Management Review*, 18(1), 88-115. <https://doi.org/10.2307/258824>
- Adelmann, P. K. (1995). Emotional labor as a potential source of job stress. In S. L. Sauter & L. R. Murphy (Eds.), *Organizational risk factors for job stress* (pp. 371–381). American Psychological Association. <https://doi.org/10.1037/10173-023>
- Ashkanasy, N. M., & Daus, C. S. (2002). Emotion in the workplace: The new challenge for managers. *Academy of Management Perspectives*, 16(1), 76-86. <https://doi.org/10.5465/ame.2002.6640191>
- Bagozzi, R. P., Gopinath, M., & Nyer, P. U. (1999). The role of emotions in marketing. *Journal of the Academy of Marketing Science*, 27(2), 184-206. <https://doi.org/10.1177/0092070399272005>
- Bhave, D. P., & Glomb, T. M. (2016). The role of occupational emotional labor requirements on the surface acting–job satisfaction relationship. *Journal of Management*, 42(3), 722-741. <https://doi.org/10.1177/0149206313498900>

- Bitner, M. J., Booms, B. H., & Tetreault, M. S. (1990). The service encounter: Diagnosing favorable and unfavorable incidents. *Journal of Marketing*, 54(1), 71-84. <https://doi.org/10.2307/1252174>
- Bitner, M. J., Booms, B. H., & Mohr, L. A. (1994). Critical service encounters: The employee's viewpoint. *Journal of Marketing*, 58(4), 95-106. <https://doi.org/10.2307/1251919>
- Brotheridge, C. M. (2006). A review of emotional labour and its nomological network: practical and research implications. *Ergonomia*, 4(28), 295-309.
- Butterfield, L. D., Borgen, W. A., Amundson, N. E., & Maglio, A. S. T. (2005). Fifty years of the critical incident technique: 1954-2004 and beyond. *Qualitative Research*, 5(4), 475-497. <https://doi.org/10.1177/1468794105056924>
- Chell, E. (2004). Critical incident technique. In C. Cassell & G. Symon (Eds.), *Essential guide to qualitative methods in organizational research* (pp. 45-60). SAGE. <http://dx.doi.org/10.4135/9781446280119.n5>
- Cohen, J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement*, 20(1), 37-46. <https://doi.org/10.1177/001316446002000104>
- Dey, I. (1993). *Qualitative data analysis: A userfriendly guide for social scientists*. Routledge. <https://doi.org/10.1017/S135246580001554X>
- Diefendorff, J. M., & Gosserand, R. H. (2003). Understanding the emotional labor process: A control theory perspective. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 24(8), 945-959. <https://doi.org/10.4324/9780203412497>
- Diefendorff, J. M., Croyle, M. H., & Gosserand, R. H. (2005). The dimensionality and antecedents of emotional labor strategies. *Journal of Vocational Behavior*, 66(2), 339-357. <http://dx.doi.org/10.1016/j.jvb.2004.02.001>
- Dumez, H. (2016). *Comprehensive research: A methodological and epistemological introduction to qualitative research*. Copenhagen Business School Press.
- Edvardsson, B., & Roos, I. (2001). Critical incident techniques: Towards a framework for analysing the criticality of critical incidents. *International Journal of Service Industry Management*, 12(3), 251-268. <http://dx.doi.org/10.1108/EUM00000000005520>
- Ekman, P., Friesen, W. V., & Ancoli, S. (1980). Facial signs of emotional experience. *Journal of Personality and Social Psychology*, 39(6), 1125-1134. <https://doi.org/10.1037/h0077722>
- Flanagan, J. C. (1954). The critical incident technique. *Psychological Bulletin*, 51(4), 327-358. <https://doi.org/10.1037/h0061470>
- Foddy, W. (1993). *Constructing questions for interviews and questionnaires: Theory and practice in social research*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511518201>
- Grandey, A. A., & Gabriel, A. (2015). Emotional Labor at a Crossroads: Where Do We Go from Here?. *Annual Review of Organizational Psychology and Organizational Behavior*, 2(1), 323-349. <https://doi.org/10.1146/annurev-orgpsych-032414-111400>
- Grandey, A. A., Fisk, G. M., Mattila, A. S., Jansen, K. J., & Sideman, L. A. (2005). Is "service with a smile" enough? Authenticity of positive displays during service encounters. *Organizational Behavior and Human Decision Processes*, 96(1), 38-55. <https://doi.org/10.1016/j.obhdp.2004.08.002>
- Gremler, D. D. (2004). The critical incident technique in service research. *Journal of Service Research*, 7(1), 65-89. <https://doi.org/10.1177/1094670504266138>
- Groth, M., Hennig-Thurau, T., & Walsh, G. (2009). Customer reactions to emotional labor: The roles of employee acting strategies and customer detection accuracy. *Academy of Management Journal*, 52(5), 958-974. <https://doi.org/10.5465/amj.2009.44634116>
- Guetzkow, H. (1950). Unitizing and categorizing problems in coding qualitative data. *Journal of Clinical Psychology*, 6(1), 47-58. [https://doi.org/10.1002/1097-4679\(195001\)6:1<47::AID-JCLP2270060111>3.0.CO;2-I](https://doi.org/10.1002/1097-4679(195001)6:1<47::AID-JCLP2270060111>3.0.CO;2-I)
- Hennig-Thurau, T., Groth, M., Paul, M., & Gremler, D. D. (2006). Are all smiles created equal? How emotional contagion and emotional labor affect service relationships. *Journal of Marketing*, 70(3), 58-73. <https://doi.org/10.1509/jmkg.70.3.058>
- Hochschild, A. R. (1983). *The managed heart*. University of California Press. <https://doi.org/10.1002/pam.4050030365>

- Hülshager, U. R., & Schewe, A. F. (2011). On the costs and benefits of emotional labor: A meta-analysis of three decades of research. *Journal of Occupational Health Psychology*, 16(3), 361-389. <https://doi.org/10.1037/a0022876>
- Johnston, R. (1995). The determinants of service quality: Satisfiers and dissatisfiers. *International Journal of Service Industry Management*, 6(5), 53-71. <https://doi.org/10.1108/09564239510101536>
- Keaveney, S. M. (1995). Customer switching behavior in service industries: An exploratory study. *Journal of Marketing*, 59(2), 71-82. <https://doi.org/10.2307/1252074>
- Landis, J. R., & Koch, G. G. (1977). An application of hierarchical kappa-type statistics in the assessment of majority agreement among multiple observers. *Biometrics*, 33(2), 363-374. <https://doi.org/10.2307/2529786>
- Lin, A. C. (1998). Bridging positivist and interpretivist approaches to qualitative methods. *Policy Studies Journal*, 26(1), 162-180. <https://doi.org/10.1111/j.1541-0072.1998.tb01931.x>
- Paillé, P., & Mucchielli, A. (2016). *L'analyse qualitative en sciences humaines et sociales* [Qualitative analysis in human and social sciences] (4th ed.). Armand Colin.
- Pellat, G., Poujol, F., & Siadou-Martin, B. (2010). L'orientation client du vendeur du point de vue du consommateur: les apports de la théorie de l'attachement [The customer's evaluation of the salesperson's customer orientation: the attachment theory perspective]. *Management & Avenir*, (1), 246-266.
- Perreault Jr, W. D., & Leigh, L. E. (1989). Reliability of nominal data based on qualitative judgments. *Journal of Marketing Research*, 26(2), 135-148. <https://doi.org/10.2307/3172601>
- Pugliesi, K. (1999). The consequences of emotional labor: Effects on work stress, job satisfaction, and well-being. *Motivation and Emotion*, 23(2), 125-154. <https://doi.org/10.1023/A:1021329112679>
- Rafaeli, A., & Sutton, R. I. (1987). Expression of emotion as part of the work role. *Academy of Management Review*, 12(1), 23-37. <https://doi.org/10.2307/257991>
- Ronan, W. W., & Latham, G. P. (1974). The reliability and validity of the critical incident technique: A closer look. *Studies in Personnel Psychology*, 6(1), 53-64.
- Sandelowski, M. (2001). Real qualitative researchers do not count: The use of numbers in qualitative research. *Research in nursing & health*, 24(3), 230-240. <https://doi.org/10.1002/nur.1025>
- Scherer, K. R. (2005). What are emotions? And how can they be measured? *Social Science Information*, 44(4), 695-729. <https://doi.org/10.1177/0539018405058216>
- Singh, J., & Wilkes, R. E. (1996). When consumers complain: A path analysis of the key antecedents of consumer complaint response estimates. *Journal of the Academy of Marketing Science*, 24(4), 350-365. <https://doi.org/10.1177/0092070396244006>
- Smith, M. E., Lowe, A., & Thorpe, R. (1991). *Management research: An introduction*. SAGE.
- Sutton, R. I., & Rafaeli, A. (1988). Untangling the relationship between displayed emotions and organizational sales: The case of convenience stores. *Academy of Management Journal*, 31(3), 461-487. <https://doi.org/10.2307/256456>
- Swan, J. E., & Rao, C. P. (1975). The critical incident technique: A flexible method for the identification of salient product attributes. *Journal of the Academy of Marketing Science*, 3(2), 296-308. <https://doi.org/10.1177/009207037500300220>
- Tang, C., Seal, C. R., & Naumann, S. E. (2013a). Emotional labor strategies, customer cooperation and buying decisions. *Journal of Management and Marketing Research*, 13(1), 1-15.
- Tang, C., Seal, C. R., Naumann, S. E., & Miguel, K. (2013b). Emotional labor: The role of employee acting strategies on customer emotional experience and subsequent buying decisions. *International Review of Management and Marketing*, 3(2), 50-57.
- Thoits, P. A. (1996). Managing the emotions of others. *Symbolic Interaction*, 19(2), 85-109. <https://doi.org/10.1525/si.1996.19.2.85>
- Van Der Maren, J. M. (2009). Codage inversé [Reverse coding]. In A. Mucchielli (Ed.), *Dictionnaire des méthodes qualitatives en sciences humaines* [Dictionary of qualitative methods in the humanities] (p. 19). Armand Colin.

Wharton, A. S., & Erickson, R. I. (1993). Managing emotions on the job and at home: Understanding the consequences of multiple emotional roles. *Academy of management Review*, 18(3), 457-486. <https://doi.org/10.5465/amr.1993.9309035147>

Weber, R. P. (1990). *Basic content analysis*. SAGE. <https://dx.doi.org/10.4135/9781412983488>

Appendix 1

Coding Category Representative Quotes (Group 1)¹

Categories concerning salespeople's emotional behaviors	
Coding categories	Representative quotes (emotional behavior in bold)
1 Expression of genuine emotions (i.e. emotional authenticity)	I stayed very natural and honest with the customers. My first goal was to meet their expectations and needs. I wanted them first to sign and second to feel that if they have a problem they would contact us again. When you are in sales, you need to put your feelings aside and learn to listen to the customer. And you need to know that as long as there is no signed contract, they are only prospects [and no actual clients].
1.1.2 Control of felt and expressed emotions	I hid all my feelings and remained smiling and friendly while hiding the stress of not showing my emotions: working on my breathing, using a warm welcoming tone of voice, nodding in agreement.
3 Hiding of felt emotions	I simply adopted the posture I learned about during an internal training workshop in my company on communication and body language. Thus, I let nothing show to the customer.
1.1.4 Empathy toward client(s)	I am working more on empathy and try to understand the customer's real interests and criteria for purchasing.
2.1 Difficulty or incapacity to control felt and/or expressed emotions or the client(s)' ones	After validating the customer's intention to buy, and following the latter's expression of annoyance, I did not sufficiently control my feelings and showed my real emotions (showing anger at the customer who did not keep his calm, who made derogatory remarks on the brand and our sales competencies) namely by raising my voice.
2.2 Difficulty or incapacity to hide own emotions	It was very hard for me to hide my emotions because of the complicity that developed between us. However I managed to remain professional and not slip into a friendly relationship.
2.3 Very negative felt and <u>expressed</u> emotional reaction	However when I realized in the course of our verbal interaction that the customer was indirectly expressing his dissatisfaction about the pricing of these sneakers, I suddenly froze and the customer must have felt it immediately. The objection made by the client and my change in behavior was probably fatal for the sale.
4 Emotional "discomfort" before sales interaction	The situation couldn't unfold as I had wished because at that moment the number of customers in the store hindered a sales' type discussion and argumentation: This increased number of customers created pressure because I had to answer several customers' questions simultaneously.
1.3.1 Positive valence	I was very much at ease, smiling and interested in getting to know better both the [client's] organization and the person I was talking to.
1.3.2 Negative valence	I was annoyed because the customer didn't let me talk and was constantly interrupting me. My stress increases as well as my annoyance because my professional conscience pushes me to stay calm and channel the client's exasperation.
3 Indifference or absence of emotions	In a commercial negotiation we talk about money. Money has nothing to do with affect. Hence there is no space for feelings. [...] in fact I had no feelings whatsoever.

¹ Grammatical errors in the original French responses have been corrected in the translation for ease of comprehension.

Appendix 2

Coding Category Representative Quotes (Group 2)²

Categories concerning customers' emotional behaviors	
Coding categories	Representative quotes (emotional behavior in bold)
2.1.1 Expression of genuine emotions (i.e. emotional authenticity)	[The customer] was in a listening mode. He shared his feelings about the products I was showing him. He told me clearly what he liked or disliked.
2.1.2 Management of own emotions	The purchasing manager remained cold, he was also hiding his emotions. Buyers of these kinds of brands are often cold stone during sales transactions.
2.1.3 Difficulty or incapacity to manage own emotions	While cashing his money, this man shows his dissatisfaction by complaining on his way out and ignoring basic rules of politeness. If I had insisted a little longer, I think this person would have raised his voice to express his impatience to leave, to not have to speak with a sales person, and his wish to just cash his money. Such behavior is common in my field of work. Beyond his resentment regarding the service, this customer let himself be carried away by his feelings of anger and dissatisfaction.
2.1.4 Strong expression of annoyance and anger	The customer's anger flared up immediately, assuming that the store somehow owed it to him to buy a desk.
2.2.1 Empathy toward salesperson(s)	Our second encounter took place over the phone and we were extremely busy, therefore feelings had to be put aside so we could go on. When I finally had the exchange with my professional customer, I felt some kind of embarrassment and empathy.
2.2.2 Perception of salesperson(s)' negative emotions	Then customer noticed my lack of control and immediately turned against me, which in retrospect is understandable: I should have kept my calm and showed the customer that I was open to discussion and negotiation. I did not handle my emotions well, probably because of a natural reflex to not "be taken advantage of" by saying too much.
2.2.3 Management of salesperson(s)' emotions	This customer was specifically looking for the best price by trying to destabilize me and break me by already knowing all the competitors' prices and quoting them to me.
2.3.1 Positive valence	Her behavior was very cheerful. One could feel her enthusiasm and her openness to discussion. This made the sale easier and resulted in an additional sale.
2.3.2 Negative valence	This was a very stressed and anxious person, so I had to argue with him to reassure him regarding my expertise.
2.3.3 Neutral valence or negative valence followed by positive	During this sale, the customer went from negative emotions (agressivity, anger, frustration, unfairness) to a state of well-being. How? Simply by being listened to. For we live in a world where everything has to go fast, but in our profession, it is impossible to do without that because it constitutes the basis for a successful sale.
Indifference or absence of expressed emotions	The customer remained very cold and closed up; he did not let any emotion or sensitivity show during our meeting.

² Grammatical errors in the original French responses have been corrected in the translation for ease of comprehension.

UNDERSTANDING CRITICAL CONCEPTS IN ENGAGED RESEARCH: THE CASE OF A RURAL HEALTH DEVELOPMENT PROJECT IN SOUTH AFRICA

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Abstract. Inadequate health coverage to rural areas is exacerbated by persisting socio-historical and economic barriers to rural health development, i.e. social and epistemic injustices such as poverty, racism, lack of education, and the effects of apartheid. Following this, the analysis of community health variables requires us to deploy complex conceptual models in our research approaches. In the case of rural health development presented in this chapter, we propose that an engaged research approach, underpinned by a complex conceptual model, is required to both properly understand and address rural health. Through an engaged research project pharmacists and fellow healthcare practitioners can understand the variables that determine community health and it can thereafter be harnessed and adapted for health development. This chapter promotes the integration of engaged research concepts, asset-based community development, culture and the transformative paradigm, epistemic justice, health promotion, and health literacy in developing rural health within a South African context.

Keywords: Engaged Research, Epistemic Justice, Transformative Paradigm, Rural Health Development, Culture, Asset-Based Community Development.

1. INTRODUCTION AND CONTEXT

Everyone has the right to the highest attainable standard of health (WHO, 2015b). As part of a comprehensive approach to health and human rights on both national and regional levels, the World Health Organization (WHO) has committed itself to strengthening the incorporation of human rights into healthcare systems and policies. This is being done through capacity building within the WHO and its Member States through advocacy and through advancing the right to health in international law and international developmental processes (PAHO WHO, 2019; Türmen et al., 2001). Low- and middle-income countries (LMICs) such as South Africa, however, still encounter great challenges to this vital human right (Humanium, 2016). The vulnerable and marginalized populations of these countries predominantly experience the demoralizing effects of both communicable and non-communicable diseases (NCDs), with major health and developmental consequences (WHO, 2016a). Inadequate health coverage to rural areas, including remote rural game reserve villages situated on protected and private conservation lands, results in reduced access to healthcare. Despite increases in healthcare facilities in remote rural areas, significant barriers to health development remain such as culture, affordability, mobility, travel costs, literacy, and the quality of healthcare,

amongst others. Health inequalities within South Africa (SA) remain robust despite restorative efforts of the post-apartheid government, and marginalized families are often unable to obtain even the most basic healthcare.

2. HEALTH INEQUALITIES AND THE SOCIAL DETERMINANTS OF HEALTH IN SOUTH AFRICA

Socio-economic factors such as lack of income, mobility and developmental opportunities experienced by major segments of society, especially in low- and middle-income countries, have significant implications for health and economic development (International Monetary Fund, 2015). Healthy populations live long, are more productive, and can contribute to economic growth more effectively (WHO, 2015b). Unfortunately, lower socio-economic populations tend to have limited access to health information and health care services and thus experience the worst health when compared to those from more developed countries (Peters et al., 2008). Health inequalities contribute to maternal and infant mortality rates (WHO, 2015b), lower life-expectancy at birth, and slow economic development (World Economic Forum, 2016). Globally, marginalized families are often unable to obtain even the most basic health care, resulting in 70% of the global mortalities of children under five. Children in developing countries are also ten times more likely to die before the age of five than those in developed countries (WHO, 2011). Socio-economic factors, income, and income distribution are thus considered critical social determinants of health. Such socio-economic inequalities concentrate political and decision-making powers in the hands of an elite minority. Hence, it is critical to establish the causal links between the cultural and socio-economic factors, and their relation to poor health, i.e. infectious and non-communicable diseases, injuries, and accidents.

South Africa's economically active population accounted for only 35% of the total population in 2010 (Duxbury et al., 2016). The poorest 40% of SA's population receive 41% of the country's health benefits while only contributing 6.28% of all the revenue spent on healthcare; and the richest 40% of the country pay for 87% of the healthcare provided in both private and public healthcare facilities (Armstrong et al., 2017). The South African government serves 80% of the population (8 in 10 people) with public healthcare services (WHO, 2015a). Forty-six percent of SA's population reside in rural communities and they are served by only 12% of SA's doctors and 19% of nurses. A lack of access to healthcare within SA, specifically within the Eastern Cape Province (EC), is further exacerbated by socio-

economic status, disabilities, geographical location, mobility, cultural norms and practices, and patient perception of affordability and benefits of seeking healthcare (Frost et al., 2017; McLaren et al., 2013). The EC province constitutes 14% of SA's population, with more than four million citizens residing in non-urban areas, previously neglected and marginalized by the Apartheid government (HSRC, 2012; Ubunye Foundation, 2018). The majority of the EC population are women (56% of provincial population) and children (34% of provincial population) as men migrate to other provinces to pursue economic opportunities. The Eastern Cape has unemployment rates as high as 37.4% as reported in 2019, the highest in the country (Statistics SA, 2019).

The Sarah Baartman District, in the Eastern Cape, reported that 12.5% of individuals receive no income (The Department of Economic Development, 2017). Levels of inequality within the EC Sarah Baartman District and Makana Local Municipality remain high, with a Gini-Coefficient of 0.73 and 0.615, respectively (Makana Municipality, 2017). The EC Sarah Baartman District is the second highest percentage compared to other EC districts (The Department of Economic Development, 2017). Due to the employment scarcity and the modest wages received by farm and game reserve workers, villagers are mostly dependent on seasonal agriculture, government poverty alleviation initiatives, and social and child support grants. Socio-economic inequalities, in addition to lower levels of educational attainment, strain the EC healthcare system through facilitating elevated child and maternal mortalities, and communicable and non-communicable disease (NCD) prevalence. These health challenges require change to public service systems, procedures, attitudes, and behaviour. These complex healthcare issues also require both public and private sectors to play a role to equitably restore South Africa's unjust healthcare industry on both macro and micro levels.

The public health burden is exacerbated by low health literacy levels (Sheridan et al., 2011). Carstens et al. (2006) reported that the adults with the lowest literacy rates are those with the highest rates of morbidity and mortality. Marginal literacy is defined as having a literacy level equivalent to that of an eighth grade student (Pfizer et al., 2004). According to Carstens et al. (2006), South Africa has a readability level of basic health educational materials which corresponds to an individual with grade nine. More than 70% of the South African population only have marginal reading skills: 30% are functionally illiterate and 40% have limited skills (Carstens et al., 2006). If people are unable to have access to health literature or effectively comprehend health literature, they are less able to live healthy lifestyles and their right to

health is compromised (South African Human Rights Commission, 2000). Compromised levels of education and literacy may also influence economic development (Rodrigo & Andrés, 2010). It is therefore essential to understand and address the barriers to health literacy, as well as to investigate health literacy development facilitators in the South African context. As a result, we argue that the need for engaged research methodologies, which not only seek to determine barriers to public health but to address them with participants through the research process, are more necessary now than ever before.

3. RURAL GAME RESERVE COMMUNITIES AND ENGAGED RESEARCH

Game Reserves play an important environmental role in biodiversity conservation. Simultaneously, they play an economic role in the Eastern Cape Province by generating tourism revenue and employment for the local people living in villages near or within the reserves. However, the legacy of racial exclusion and exploitation in South Africa means that the reality for those living in villages on or near Game Reserves in the EC, one of the poorest provinces in South Africa, is that income still predominantly comes from social grants. In addition to this, the mobility of individuals residing in rural game reserve communities is often restricted because of the geographical location and socio-economic factors. Their particular geographic, as well as socio-historical, position has important health implications for communities in rural Game Reserves.

Currently, physical access to health care affects a multitude of health outcomes, especially for those patients residing in rural communities which are reliant on the continuity of healthcare services (Burger & Christian, 2018; McIntyre & Ataguba, 2014; McLaren et al., 2013; Tanser et al., 2006). This is specifically so for high-risk patients and for those with chronic diseases. Travel time and distance to health care facilities, have over the years been associated to decreased vaccination coverage (Acharya & Cleland, 2000), decreased contraceptive use (Seiber & Bertrand, 2002), increased adverse pregnancy outcomes (van den Broek et al., 2003), and increased maternal and infant mortality (van den Broek et al., 2003). Transport is vital for the continuity and provision of quality health care services to the rural communities and is therefore also considered a social determinant of health, within these contexts. Ensuring the transfer of patients back and forth between levels of health care is a crucial factor within the rural healthcare system.

The availability and affordability of reliable transport services does not only affect access to healthcare services but also access to nutritious food resources to maintain good health and well-being (Matebeni, 2018). Individuals within these communities have seen a change in their lifestyle as it shifted from farming-based communities to hospitality-focused workers which impacted subsistence farming and severely affected the availability of fresh produce. The individuals most at risk are the elderly, the disabled, low-income families, and those with special health care needs. The geographical location, transport services and socio-economic background of patients therefore play an important role in ensuring community health and well-being. The socio-economic inequality experienced by those living within villages in or on Reserves has prompted the vision for collective agency by the Game Reserves and their local communities to build resilience, promote development, and preserve the natural resources in the Eastern Cape Province. Game Reserve staff and owners typically have disparate or even conflicting goals to those of the communities in their areas, but share a set of resources and ultimately rely on each other for future sustainability.

In light of all these challenges and injustices in public health, the context provides a suitable platform to introduce research methodologies rooted in epistemic justice. It is therefore critical, within this context, to understand and integrate engaged research concepts, where communities focus on realizing and strengthening the resources that they currently have and feel empowered by, instead of depending on external resources to sustainably support health development. Public health projects within these communities may fail to achieve their goals because they are based on top-down approaches. We, therefore, will take as a fundamental assumption that, for community members to stimulate change within their community, they must themselves be involved in the research or project developmental process from the beginning.

4. ENGAGED RESEARCH CONCEPTS

A focus on improving the equity and social status of women (Manhanzva et al., 2017), children, and the most disadvantaged, informs the agenda of the Sustainable Development Goals (SDGs), which build on the Millennium Development Goals (MDGs) and aim to be relevant worldwide (Results for Development Institute & World Bank, 2014). While SDGs 3 and 5 are aimed at achieving universal health and well-being, both recognize that these cannot be achieved until the context specific health challenges are understood and realized. To achieve the SDGs, greater investment in disease prevention and health systems

strengthening is required. The current public health context within South Africa, as outlined within the 'Introduction and Context' section of this chapter, supports a growing need to reform health systems through finding ways of doing more with existing resources. A suitable approach could be through harnessing innovative participatory, culturally appropriate, asset-based community health development strategies. The concepts within this chapter - engaged research, culture and the transformative paradigm, epistemic justice, health promotion, and health literacy - will therefore highlight the possibility of integrating such qualitative research methodologies within the South African context.

5. ENGAGED RESEARCH

Community based participatory research (CBPR) allows healthcare professionals to discover new ways to study and address complex health and social issues to encourage social change (Mairhofer, 2015; WHO, 2013). Participating in a CBPR project, the community can take greater responsibility for their own development, and, most importantly, shift their assumptions about what they can achieve on their own, without assistance from the government or external bodies (Cundill et al., 2014). In this way, participants become co-developers in the CBPR to benefit their community, based on their own culture and understanding. CBPR has been proven to be a successful approach to rural health development within South Africa, as it plays a key role in identifying community needs and assets. CBPR also aided researchers in the negotiation of a mutual agenda between communities and researchers (Lazerus et al., 2014; Mosavel et al., 2005). This is a suitable concept to stimulate community empowerment and promote health within the South African context, where communities are located in remote rural villages, situated on protected land with limited-to-no access to healthcare services. An engaged research project draws on the principles and practices of community based participatory research, as follows.

6. COMMUNITY BASED PARTICIPATORY RESEARCH PRINCIPLES

There are two crucial CBPR principles identified by Israel and her colleagues (Israel et al., 1998). Firstly, the concept of community is an aspect of collective and individual identity and is central to community-based research. Units of identity can represent membership in a family, a friendship network, geographic neighbourhood, etc. and these are all socially structured dimensions of identity, created and recreated through social interactions. Secondly, to build on strengths and resources within the community, Israel and her colleagues (Israel et al., 1998) point out that, to perform a CBPR project, the researcher can

seek to identify and build on the strengths, resources, and relationships that exist within communities of identity. By identifying and executing these factors, researchers will be able to address their communal health concerns. CBPR may seek to support or expand social structures and social processes that contribute to the ability of community members to work together to improve health. CBPR, therefore, achieves the balance between research and action (Mairhofer, 2015).

The CBPR approach can effectively be used to orientate community members towards a common goal and shared vision (Duxbury, 2019). The CBPR approach can empower individuals to be proactive in solving health challenges in their communities and create a sense of ownership and responsibility. Utilizing a CBPR approach can allow community members to have their skills and expertise acknowledged and valued during the research process. It provides a space where communities' knowledge is legitimately incorporated in the research process – rather than an extractivist approach.

7. ASSET-BASED COMMUNITY DEVELOPMENT

In South Africa, there is a long tradition of mobilizing community assets, particularly so during the Apartheid era (Abel, 2015; ANC, 1997). The Asset-Based Community Development (ABCD) approach proposes an alternative to the needs-based approach (Boyd et al., 2008). The asset-based approach to community health development is a bottom-up approach which would ensure the inclusion of unique assets and strengths that the community may have, rather than focusing on deficits and health problems alone. The community assets referred to here may include talents, stories, innovations, knowledge, natural resources, physical assets, financial assets, cultural assets, rights, claims, and entitlements. Nel (2018) conducted a comparative study in South and Southern Africa and indicated that the ABCD approach is successful in reconnecting community members and in building trust. In this study, the ABCD approach also allowed community members to undergo consciousness changes from a poverty-influenced mind-set to members who created and piloted their own community projects much more sustainably and stimulated systemic change more effectively (Nel, 2018). This approach could, therefore, be aimed at motivating villagers in remote rural areas to focus in on the capacities and strengths which they already have and to build from there. ABCD can promote 'ownership' and more effective and sustainable rural health development efforts through empowering villagers to dedicate their time and talents to create the change they desire. The potential contribution of ABCD approaches to health development is

increasingly being recognized as it aims to identify and build on community assets, including the knowledge and skills of residents (van de Venter, 2016).

8. CULTURE AND THE TRANSFORMATIVE PARADIGM

Knowledge is socially and historically located within a complex cultural context (Murphy & Ivinson, 2003). Respect for culture and awareness of power relations is therefore critical. The transformative paradigm's epistemological assumption informs a cyclical model of research that incorporates the establishment of partnerships between researchers and community members and building trust (Mertens, 2007). Culture is an essential part in the transformative paradigm and in health promotion contextualization. Thoraya Obaid stated in a United Nations Population Fund Report that, when we as engaged research practitioners, work towards developing projects within poor communities, "we need to be able to work with the people in the communities at their own level and we have to find common ground." It is further emphasized that "we may not believe in what they do or agree with what they do," but it is crucial "to have compassion and the commitment to understand them and to support them as they translate universal principles into their own codes, messages and ways of doing things. Human rights form our frame of reference" (UNFPA, 2004, p. 1). It is therefore essential that culturally sensitive approaches are used to promote human rights in ways that people can identify with and can internalize in the context of their own lives. This is critical as South Africa is a culturally diverse country, where culture influences health practices, beliefs, and patient health outcomes - specifically in rural areas.

Culture is an amalgamation of behaviours, values, attitudes, and beliefs that are shared by a group of people and passed along by communication and imitation from one generation to the next (Cleveland et al., 2016; Rogers et al., 2002). Differences in culture and corresponding behavioural preferences can be challenging to both researchers in academia and healthcare practitioners in demographically diverse contexts. Failure to acknowledge these differences can create communication barriers between the two parties involved (Li & Karakowsky, 2001). To be able to promote health effectively, it is important to understand the community's perception of their health and illness, behaviors, and habits that influence community health, and how culture interacts with environment, economics, and politics to affect health. The cultural beliefs of a specific community influence their healthcare practices and local concepts about illness (Armenakis & Kiefer, 2007). Through our experiences and observations as a pharmacy professional, this is especially appropriate in the Eastern Cape,

which is a province where health practices are deeply rooted in cultural norms and practices. An example of this could be the integral role that alcohol and tobacco play in cultural rituals, which contributes to the epidemic rise in NCDs, as outlined in the “Introduction and Context” section of this chapter. The context of culture, therefore, provides greater depth and meaning to conceptualizing the health development needs of a specific population (Lie et al., 2012). In addition to this, culture also plays an essential role in the application of the transformative paradigm.

In contrast to the constructivist, pragmatic paradigms and the post-positivist approach, the transformative paradigm places emphasis on the dimensions of culture, power, privilege, and social justice. The transformative paradigm is specifically orientated towards marginalized communities. (D. Mertens (2009) states that “The transformative paradigm emerged in response to individuals who have been pushed to the societal margins throughout history and who are finding a means to bring their voices into the world of research” (p. 3).

The transformative paradigm therefore provides a framework for addressing inequality and injustice in society through using culturally competent, mixed method strategies to address the complexity of culturally significant settings which could provide the basis for social change. The transformative paradigm - under its four philosophical assumptions, these being ontological, epistemological, axiological and methodological - also places emphasis on the strengths that exist within communities which experience discrimination and oppression on the basis of their cultural values and experiences (Guba & Lincoln, 1982, 2005; Mertens, 2005, 2007, 2010). Figure 1, illustrated below, suggests a conceptual model for the application of the transformative paradigm within a complex rural health development context in South Africa.

9. AN EPISTEMIC JUSTICE APPROACH TO HEALTH DEVELOPMENT

Social injustices such as poverty, racism, access to health care and education, and the effects of apartheid exacerbate epistemic injustices in South Africa (Anderson, 2012). Epistemic injustice is considered to involve the “most basic everyday practices: conveying knowledge to others by telling them and making sense of our own social experiences” (Fricker, 2007, p. 1). These injustices mostly occur when a person is insulted or wronged in their capacity as a knower. Fricker (2007) identified two types of fundamental discriminatory forms of epistemic injustice: testimonial and hermeneutical. Both are facilitated through

credibility discounting and epistemic marginalization, which are influenced by hidden prejudices – an unconscious or preconscious cognitive bias. Testimonial injustices occur when a hearer discounts the credibility of a person's testimony due to prejudice against their social identity, for example their race, sex, or education level. When a healthcare provider discounts a woman's testimony about her symptoms because she is a woman, she is subject to epistemic injustice.

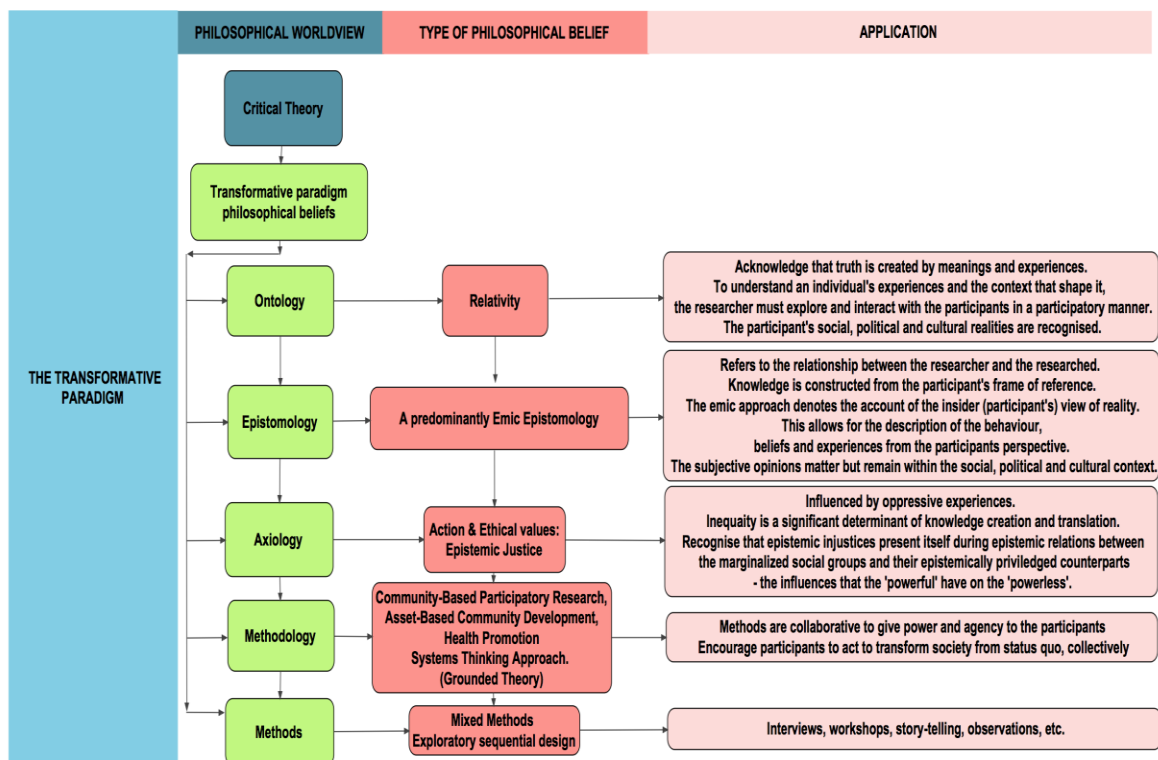


Figure 1. A conceptual model for the application of The Transformative Paradigm within a rural health development context, in South Africa.

Hermeneutical injustice occurs when an individual or social group lacks the interpretive resources to make sense of important features of a speaker's experience, because the marginalized group has been prejudicially excluded from meaning-making activities (Fricker 2007). When a marginalised group reports cultural reasons for non-adherence to a medication regime, hearers from dominant groups may fail to understand the experiences of that group, and the marginalized group will similarly struggle to explain their experience in terms which can easily be interpreted by dominant hearers. Inequality is a significant determinant in knowledge creation and translation. Epistemic injustices are present in epistemic relations between marginalized social groups and their epistemically privileged counterparts - they show themselves through the influences that the 'powerful' have on the

'powerless' (Fricker, 2008) - prominent concepts throughout South Africa's history (Coovadia et al., 2009).

In the context of health care service delivery, healthcare providers are considered to have more health-related knowledge when compared to the patient, and so the patient truly has to trust the knowledge and expertise of the healthcare professional to obtain a favourable health outcome. With that stated, the healthcare professional also relies on the patient to provide him or her with the needed information about their physical health condition to make an accurate and comprehensive diagnosis. The majority of the uncertainty here is from the patient because he or she might lack the medical knowledge and skills to make informed decisions (Grünloh et al., 2018). It is therefore said that there is an asymmetrical knowledge relationship and principal-agent problem between healthcare providers and their patients (Ludwig et al., 2010; Nguyen, 2011; Sharma, 1997).

Epistemic injustices commonly occur in health care settings. Healthcare practitioners are often faced with finding the balance between epistemic objectification and epistemic shrinking (Carel & Kidd, 2014; Haslanger, 2017; Kidd & Carel, 2017; Persad, 2016). Epistemic objectification involves treating a patient as nothing more than a body of evidence - not having enough trust in the patient as a bearer of knowledge about their health or health care. Epistemic shrinking involves failure, by the healthcare practitioner, to assume expert responsibility for judgements made, placing too much trust in the patient as a bearer of knowledge about their health and health care. Healthcare practitioners therefore are obliged to balance the evidential stance and trusting stance.

The literature suggests that individuals may, through critical reflection, train themselves to facilitate epistemic justice (Anderson, 2012), through identifying and addressing various markers of false credibility, such as: (a) education (Fricker, 2007); and (b) ethnocentrism, where higher credibility is provided to the testimony of in-group members over out-group members (Brewer, 1999). It can also be done through shared reality bias, the tendency of individuals who interact frequently to converge in their perspectives on and judgements about the world (Curtis et al., 2001). Knowledge translation is complex, iterative, multi-dimensional, and non-linear, engaging multiple stakeholders. Engaged research can help steer the process (Roy & Campbell, 2015). It is therefore crucial when performing engaged research projects, for effective health and knowledge transfer interventions within indigenous

South African contexts, that tacit knowledge systems be acknowledged and epistemic justice be promoted.

10. HEALTH PROMOTION

Health promotion, within this context, relies on the engaged research concepts (CBPR, and epistemic justice) as the foundation to health development. It is an interdisciplinary science that draws from biological, environmental, psychological, physical, and medical sciences to promote health and to prevent diseases, disability, and premature death through education-driven, voluntary behavior change activities (UGA, 2015). Health promotion is key to the growth of empowered individuals, groups, and a community through the use of systemic strategies to improve health knowledge, attitudes, skills, and behaviour (WHO, 2014). Factors identified to promote health and knowledge transfer may comprise of participant cognitive, dispositional, motivational, and ability characteristics and program design factors ideal for adult learning (Bates et al., 2000; Chiaburu et al., 2010; Keith & Frese, 2008; Martin, 2010; Naquin & Holton III, 2002; Sitzmann et al., 2010). It is important to focus on disease prevention through health promotion, as this reduces the cost that individuals, employees, families, communities, medical facilities, insurance companies, and the government incur on medical treatment as a consequence of non-communicable and communicable diseases.

The adoption of the 1978 Alma Ata Declaration facilitated health promotion awareness through striving towards 'Health for All' (WHO, 1978). It should, however, be recognised that efforts to commit to this declaration are yet to work effectively. To re-evaluate and improve on seven decades of attempts to commit to the 'Health for All' motto, the WHO has called world leaders again to "live up to the pledges and commit to concrete steps to advance #HealthforAll" (Sorooptimist International, 2018, para. 1) on the World Health Day, 7th of April 2018. The Alma Ata Declaration facilitated strategies for community participation, which are considered useful when implementing health promotion activities. With health promotion activities gaining momentum in South Africa since 1990, the focus on synergizing mechanisms for demonstrating evidence of health promotion effectiveness with regard to health, social, economic, and political impact are lacking. Health promotion education and training are needed (Onya, 2007).

Considering the epidemic rise in NCDs and the impact that it has on public health within South Africa, the focus should therefore not only be placed on disease treatment, but also on disease prevention, through supporting and strengthening public health promotion initiatives

within the remote rural communities using a bottom-up approach propagated by The Alma Ata Declaration. Disease prevention, through health promotion strategies, aids the reduction of costs that individuals, employees, medical facilities, insurance companies and governments incur on medical treatment, because of NCDs.

11. HEALTH LITERACY

Health literacy refers to the cognitive and social skills which determine the motivation and the ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health (WHO, 2016b). Health literacy consists of three discrete layers: (a) functional literacy; (b) conceptual literacy; and (c) health literacy as empowerment. Functional literacy consists of the skills that allow an individual to read, for example, consent forms and medicine labels, and to understand written and oral information given by pharmacists or other health professionals (Burgess & Hamilton, 2011). Conceptual literacy consists of those skills and competencies that individuals develop over their lifetimes to allow them to seek out, comprehend, evaluate, and use health information to make informed choices. Health literacy as empowerment involves both strengthening active citizenship for health through understanding people's rights as patients and their ability to navigate through the healthcare system and acting individually or collectively to improve health through the political system by voting, advocacy, or membership of social movements (WHO, 2009).

When promoting health within rural communities and for people to be informed and to make well-informed health decisions, it is crucial that they are willing and able to learn from the health information presented. Their motivation, willingness and abilities are influenced by the perceived and actual difficulty of the presentation or text (Leroy et al., 2010). It is therefore essential to utilize methods to lower these barriers to improve the comprehension of health information. In SA, where two-thirds of the population cannot read basic health educational material, visual material and story-telling can be an effective tool in health promotion for low-literates (Carstens et al., 2006). Story-telling is an effective approach to literacy development, specifically within the indigenous cultures of the Eastern Cape (Makaluza, 2018). Story-telling provides the platform for common cultural heritage which is considered to be the unifying force for indigenous cultures, in resisting the divisive efforts of the apartheid era (Smith, 2018). Furthermore, story-telling provided a wealth of role models and friends who lead the way through challenging situations and form an important part of human experience (Chapman, 1998). Story-telling therefore provides the ideal communication pathway when

promoting health literacy within these contexts (Hardy, 2017; Neeley, 2016; Tsui & Starecheski, 2018).

Health literacy requires researchers to focus on both visual and audible communication tools when promoting health within rural contexts. Using visuals as a communication tool for people with low literacy levels has proved to be effective in recalling previously communicated information (Houts et al., 1998; Houts et al., 2001; Houts et al., 2006). To facilitate visual processing, Leroy et al. (2010) propose that the focus be placed on the overall sentence structure, noun phrase complexity, and function word density to evaluate text difficulty. Corcoran and Ahmad (2015) recommend that the health information material should have reader-friendly cover graphics to attract attention and to illustrate the purpose of the information material. It is crucial to understand that images assist the reader to better understand and recall messages (Kondilis et al., 2010). Nonverbal communication such as facial expressions, head nods, and other body language may also have an effect on the way in which visual cues are processed. Nonverbal communication techniques should therefore be carefully considered when presenting audible health information to the listeners in person (Fontana et al., 2015).

The audible processing of health information could be enhanced by the addition of relatable and understandable visual cues (Möttönen et al., 2014; Paris et al., 2017). For the health information recipient to process audible information it has to be innocuous and in a language appropriate to the listener. To facilitate this, a translator is often used in cross-cultural qualitative research, but it is done with caution (Squires, 2009; Temple & Edwards, 2002; Xian, 2008). Using repetition techniques for reinforcing the important health information communicated and through personalizing the presentation content, listener engagement may be facilitated (Covey, 2004). Visual and audible communication facilitators, such as storytelling, could ease content understanding by the health information recipient and should be considered when engaging with participants and promoting health in rural contexts.

Within the South African context, specifically, health literacy is a crucial determinant of health. The ability to read, interpret, and follow health instructions and health education materials is severely limited by the literacy level of the reader (Duxbury, 2019). This greatly affects those in the lower social-economic strata, as indicated in the 'Introduction and Context' section of this chapter.

12. RECOMMENDATIONS

Within this context, instead of resorting to academic literature to identify a research problem, the researchers could employ a variety of qualitative and quantitative methods, inclusive of community member participation, to identify the focus of the research. This may be done through focus group discussions, interviews, and surveys, amongst others. Research should be integrated with previously held knowledge and new knowledge created through dynamic interactions between the stakeholders. It is imperative that researchers understand both indigenous and Western health knowledge and belief systems, commonly known as two-eyed seeing. By facilitating development through an asset-based approach that incorporates the concerns of epistemic justice, these variables can be understood by communities and thereafter harnessed and adapted for health empowerment. It is important to understand the systems operating within the indigenous community of interest. In addition, the analysis of community health variables through systems thinking allows researchers to capture the complexities involved in persistent complex health and social problems. These problems comprise a high level of interconnectedness and interdependence on various levels, which linear, chronological thinking alone cannot solve.

This chapter serves to illustrate an overarching depiction in which solutions to health challenges, which are rooted in socio-cultural and political conditions, seem unlikely to be addressed solely through bio-medical interventions. These health challenges could be improved through increasing the understanding in local communities of the risks and barriers for effective health and well-being, improved health literacy and relationships with health care workers, and effective, culturally relevant, epistemically just health promotion programs. As healthcare professionals, pharmacists play a role in identifying the factors that contribute to the complex health challenges in social, cultural, and behavioral contexts, to implement systematic and epistemically just health developmental activities accordingly. This understanding is critical for pharmacists and health care workers who require a more holistic understanding of the complex socio-cultural situations in which they are working and could aid in achieving a balance between epistemic shrinking and epistemic objectification.

The WHO emphasizes that in order to improve the effectiveness of the healthcare system and public health, pharmacists and fellow healthcare professionals have to engage in preventative care activities, services, and health empowerment. More socially responsible approaches, such as health promotion, have consequently been included as one of the six

components which forms the underlying philosophy of Good Pharmacy Practice by the World Health Organization (WHO, 2012). The focus is therefore changing from a 'practitioner-centred model' to a more 'patient-centred model' where the patient plays an active role in their health development and their healthcare opinions are valued and recognized. More research needs to be done on how healthcare practitioners, and pharmacists in particular, play this role and how thinking about these social aspects can inform healthcare practice.

13. CONCLUSION

Public health challenges are decidedly dependent on the knowledge, skills, and motivation of human resources for health. There is a need for successful, cost-effective, and epistemically just public health interventions that emphasise marginalized community participation in addressing their health challenges. Participatory research approaches focus on co-learning, applied knowledge production, and acknowledge the community as a unit of identity, solutions, and practice. These characteristics align with those of epistemic justice, which is to acknowledge, value, and involve prejudicially marginalized social groups as "knowers."

The transformative paradigm could be considered to be an innovative approach to health research, which aids in bridging the gap between science and practice through community engagement and social action to improve health equity. Consequently, this paradigm requires the researchers to recognize inequalities and injustices in society and poses a shared sense of responsibility. The researcher directly engages in working inclusively with the communities to challenge the present circumstances within and advance social justice and human rights. In indigenous contexts, the acknowledgement of tacit knowledge can lessen the colonial legacy of marginalization. Excluding or ignoring tacit knowledge could be reminiscent of colonial injustices where indigenous people were deprived not just of their knowledge and culture but also of their human identity and dignity.

Effective health promotion activities could be achieved through sensitive and contextual strategies. The adoption of such strategies could ultimately lead to populations practicing more healthy behaviors to reduce the epidemic effects of complex health. The environment for knowledge transfer to occur needs to be motivated. The impact that complex health challenges have on health and development requires immediate action and one of the measures that has shown to aid with this is health promotion. Within a culturally diverse country such as South Africa differences in education, social and cultural backgrounds are important concepts when disseminating health information and conducting health promotion

activities. Failure to acknowledge these differences can create communication barriers between healthcare professionals and clients. Through an engaged research project, researchers can understand the variables that determine community health, such as culture, health literacy, and other socio-economic factors.

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14. REFERENCES

- Abel, R. (2015). *Politics By Other Means: Law in the Struggle Against Apartheid, 1980-1994*. Routledge.
- Acharya, L. B., & Cleland, J. (2000). Maternal and child health services in rural Nepal: Does access or quality matter more? *Health Policy and Planning*, 15(2), 223–229. <https://doi.org/10.1093/heapol/15.2.223>
- ANC. (1997). ANC strategy and tactics by ANC 1997. In African National Congress. <https://www.marxists.org/subject/africa/anc/1997/strategy-tactics.htm>
- Anderson, E. (2012). Epistemic justice as a virtue of social institutions. *Social Epistemology*, 26(2), 163–173. <https://doi.org/10.1080/02691728.2011.652211>
- Armenakis, A., & Kiefer, C. (2007). Social and cultural factors related to health. *Global Health Education Consortium*.
- Armstrong, P., Erasmus, M., & Rich, E. (2017). Benefit incidence, financing incidence and need of healthcare services in South Africa. <https://www.datafirst.uct.ac.za/dataportal/index.php/catalog/451>
- Israel, B., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19(1), 173–202. <https://doi.org/10.1146/annurev.publhealth.19.1.173>
- Bates, A., Holton, E. F., & Carvalho, M. A. (2000). The role of interpersonal factors in the application of computer-based training in an industrial setting. *Human Resource Development International*, 3(1), 19–42. <https://doi.org/10.1080/136788600361920>
- Boyd, C. P., Hayes, L., Wilson, R. L., & Bearsley-Smith, C. (2008). Harnessing the social capital of rural communities for youth mental health: An asset-based community development framework. *Australian Journal of Rural Health*, 16(4), 189–193. <https://doi.org/10.1111/j.1440-1584.2008.00996.x>
- Brewer, M. B. (1999). The psychology of prejudice: Ingroup love or outgroup hate? *Journal of Social Issues*, 55(3), 429–444. <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.197.4614&rep=rep1&type=pdf>
- Burger, R., & Christian, C. (2018). Access to health care in post-apartheid South Africa: Availability, affordability, acceptability. *Health Economics, Policy and Law*, 5(1), 43–55. <https://doi.org/10.1017/S1744133118000300>
- Burgess, A., & Hamilton, M. (2011). Back to the future? functional literacy and the new skills agenda. Amy Burgess and Mary Hamilton.
- Carel, H., & Kidd, I. (2014). Epistemic injustice in healthcare: A philosophical analysis. *Medicine, health care, and philosophy*, 17, 529–540. <https://doi.org/10.1007/s11019-014-9560-2>

- Carstens, A., Maes, A., & Gangla-Birir, L. (2006). Understanding visuals in HIV/AIDS education in South Africa: Differences between literate and low-literate audiences. *African Journal of AIDS Research*, 5(3), 221–232. <https://doi.org/10.2989/16085900609490383>
- Chapman, M. (1998). The problem of identity. *New Literary History*, 29(1), 85–99. <https://www.jstor.org/stable/pdf/20057469.pdf?refreqid=excelsior%3Ae274b2610a35a1ae43b23aa5b18663cc>
- Chiaburu, D. S., Van Dam, K., & Hutchins, H. M. (2010). Social support in the workplace and training transfer: A longitudinal analysis. *International Journal of Selection and Assessment*, 18(2), 187–200. <https://doi.org/10.1111/j.1468-2389.2010.00500.x>
- Cleveland, M., Rojas-Méndez, J. I., Laroche, M., & Papadopoulos, N. (2016). Identity, culture, dispositions and behavior: A cross-national examination of globalization and culture change. *Journal of Business Research*, 69(3), 1090–1102. <https://doi.org/10.1016/j.jbusres.2015.08.025>
- Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. *The Lancet*, 374(9692), 817–834. [https://doi.org/10.1016/S0140-6736\(09\)60951-X](https://doi.org/10.1016/S0140-6736(09)60951-X)
- Corcoran, N., & Ahmad, F. (2015). The readability and suitability of sexual health promotion leaflets. *Patient Education and Counseling*, 99(2), 284–286. <https://doi.org/10.1016/j.pec.2015.09.003>
- Covey, S. (2004). *The 7 habits of highly effective people* (15th ed.). Fireside Books, Simon & Schuster, Free Press.
- Cundill, G., Shackleton, S., Sisitka, L., Ntshudu, M., Lotz-Sisitka, H., Kulundu, I., & Hamer, N. (2014). *Social learning for adaptation: A descriptive handbook for practitioners and action researchers*. Print Services Unit, Rhodes University.
- Curtis, H., Conley, T. (2001). A relational approach to cognition: Shared experience and relationship affirmation in social cognition. In G. B. Moskowitz (Ed.) *Cognitive social psychology: The Princeton symposium on the legacy and future of social cognition* (pp. 3–17). Lawrence Erlbaum Associates.
- Duxbury, T. O. (2019). *Collaborative health literacy development: a World Health Organization workplace health promotion approach to address tobacco use*. Rhodes University.
- Duxbury, T., Rath, S., Maraj, P., Bosman, S. J., & Srinivas, S. (2016). Controlling the use of tobacco for sustainable development: A focus on India and South Africa. *Indian Journal of Pharmacy Practice*, 9(2), 86–94. <https://doi.org/10.5530/ijopp.9.2.5>
- Fontana, P. C., Cohen, S. D., & Wolvin, A. D. (2015). Understanding listening competency: A systematic review of research scales. *International Journal of Listening*, 29(3), 148–176. <https://doi.org/10.1080/10904018.2015.1015226>
- Fricker, M. (2007). *Epistemic injustice: power and the ethics of knowing*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780198237907.001.0001>
- Fricker, M. (2008). Forum on Miranda Fricker's epistemic injustice: Power and the ethics of knowing précis. <https://pdfs.semanticscholar.org/2d07/be741262b4afbac1be5bb6b2366c707af17c.pdf>
- Frost, L., Jenkins, L. S., & Emmink, B. (2017). Improving access to health care in a rural regional hospital in South Africa: Why do patients miss their appointments? *African Journal of Primary Health Care & Family Medicine*, 9(1), e1–e5. <https://doi.org/10.4102/PHCFM.V9I1.1255>
- Grünloh, C., Myreteg, G., Cajander, Å., & Rexhepi, H. (2018). “Why do they need to check me?” patient participation through ehealth and the doctor-patient relationship: A qualitative study. *Journal of Medical Internet Research*, 20(1), e11. <https://doi.org/10.2196/jmir.8444>

- Guba, E. G., & Lincoln, Y. S. (1982). Epistemological and methodological bases of naturalistic inquiry. *ECTJ*, 30(4), 233–252. <https://doi.org/10.1007/BF02765185>
- Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 191–215). Sage.
- Hardy, B. (2017). Telling stories that promote health transformation. *Rethink Health*. <https://www.rethinkhealth.org/the-rethinkers-blog/telling-stories-that-promote-health-transformation/>
- Haslanger, S. (2017). Objectivity, epistemic objectification, and oppression. In Kidd, I. J., Medina, J. & Pohlhaus, G. (Eds.), *Routledge handbook on epistemic injustice* (pp. 281–290). Taylor and Francis. <https://doi.org/10.4324/9781315212043>
- Houts, P S, Bachrach, R., Witmer, J. T., Tringali, C. A., Bucher, J. A., & Localio, R. A. (1998). Using pictographs to enhance recall of spoken medical instructions. *Patient Education and Counseling*, 35(2), 83–88. [https://doi.org/10.1016/S0738-3991\(98\)00065-2](https://doi.org/10.1016/S0738-3991(98)00065-2)
- Houts, P S, Witmer, J. T., Egeth, H. E., Loscalzo, M. J., & Zabora, J. R. (2001). Using pictographs to enhance recall of spoken medical instructions. *Patient Education and Counseling*, 43(3), 231–242. [https://doi.org/10.1016/S0738-3991\(00\)00171-3](https://doi.org/10.1016/S0738-3991(00)00171-3)
- Houts, Peter S, Doak, C. C., Doak, L. G., & Loscalzo, M. J. (2006). The role of pictures in improving health communication: A review of research on attention, comprehension, recall, and adherence. *Patient Education and Counseling*, 61(2), 173–190. <https://doi.org/10.1016/j.pec.2005.05.004>
- Humanium. (2016). Right to health around the globe: together for children's rights. <http://www.humanium.org/en/world/right-to-health/>
- International Monetary Fund. (2015). Causes and consequences of income inequality: A global perspective. <https://www.imf.org/external/pubs/ft/sdn/2015/sdn1513.pdf>
- Israel, B. A., Schulz, A. J., Parker, E. A., Becker, & B., A. (1998). Review of community-based research: assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19(1), 173–202. <https://doi.org/10.1146/annurev.publhealth.19.1.173>
- Keith, N., & Frese, M. (2008). Effectiveness of error management training: a meta-analysis. *Journal of Applied Psychology*, 93(1), 59–69. <https://doi.org/10.1037/0021-9010.93.1.59>
- Kidd, I. J., & Carel, H. (2017). Epistemic injustice and illness. *Journal of Applied Philosophy*, 34(2), 172–190. <https://doi.org/10.1111/japp.12172>
- Kondilis, B., Akrivos, P., Sardi, T., Soteriades, E., & Falagas, M. (2010). Readability levels of health pamphlets distributed in hospitals and health centres in Athens, Greece. *Public Health*, 124, 547–552. <https://doi.org/10.1016/j.puhe.2010.05.010>
- Lazarus, S., Naidoo, A., May, B., Williams, L., Demas, G., & Filander, F. (2014). Lessons learnt from a community-based participatory research project in a South African rural context. *South African Journal of Psychology*, 44(2), 149–161. <https://journals.sagepub.com/doi/pdf/10.1177/0081246314528156>
- Leroy, G., Helmreich, S., & Cowie, J. R. (2010). The influence of text characteristics on perceived and actual difficulty of health information. *International Journal of Medical Informatics* 79(6), 438–449. <https://doi.org/10.1016/j.ijmedinf.2010.02.002>
- Li, J., & Karakowsky, L. (2001). Do we see eye-to-eye? Implications of cultural differences for cross-cultural management research and practice. *The Journal of Psychology*, 135(5), 501–517. <https://doi.org/10.1080/00223980109603715>

- Lie, D., Carter-Pokras, O., Braun, B., & Coleman, C. (2012). What do health literacy and cultural competence have in common? Calling for a collaborative health professional pedagogy. *J Health Commun*, 17(3), 13–22. <https://doi.org/10.1080/10810730.2012.712625>
- Ludwig, M., Van Merode, F., & Groot, W. (2010). Principal agent relationships and the efficiency of hospitals. *The European Journal of Health Economics*, 11(3), 291–304. <https://doi.org/10.1007/s10198-009-0176-z>
- Mairhofer, S. (2015). Community-based participatory health research: Promoting health equity in communities. *Procedia - Social and Behavioral Sciences*, 197, 382–387. <https://doi.org/10.1016/j.sbspro.2015.07.153>
- Makaluza, N. (2018). Storytelling for early literacy development in isiXhosa: a case study of a grad one class in the Western Cape [Unpublished master's thesis]. University of the Western Cape. <http://etd.uwc.ac.za/xmlui/handle/11394/5853>
- Makana Municipality. (2017). Makana local municipality: Socio-economic review and outlook. www.ecsecc.org.
- Manhazva, R., Marara, P., Duxbury, T., Bobbins, A. C., Pearse, N., Hoel, E., Mzizi, T., & Srinivas, S. C. (2017). Gender and leadership for health literacy to combat the epidemic rise of noncommunicable diseases. *Health Care for Women International*, 38(8), 833–847. <https://doi.org/10.1080/07399332.2017.1332062>
- Martin, H. J. (2010). Workplace climate and peer support as determinants of training transfer. *Human Resource Development Quarterly*, 21(1), 87–104. <https://doi.org/10.1002/hrdq.20038>
- Matebeni, F. (2018). Measuring rural household food security in the Nkonkobe local municipality, Eastern Cape Province of South Africa [Unpublished doctoral dissertation]. Stellenbosch University. <https://scholar.sun.ac.za/handle/10019.1/103497>
- McIntyre, D., Ataguba, J. (2014). Access to quality health care in South Africa: Is the health sector contributing to addressing the inequality challenge? University of Cape Town. https://www.parliament.gov.za/storage/app/media/Pages/2017/october/High_Level_Panel/Commissioned_reports_for_triple_challenges_of_poverty_unemployment_and_inequality/Diagnostic_Report_on_Access_to_Quality_Healthcare.pdf
- McLaren, Z., Ardington, C., Leibbrandt, M. V. (2013). Distance as a barrier to health care access in South Africa [Working paper]. <http://www.opensaldru.uct.ac.za/handle/11090/613>
- Mertens, D. M. (2009). *Transformative Research and Evaluation*. Guilford Press.
- Mertens, D. M. (2005). Research and evaluation in education and psychology: integrating diversity with quantitative, qualitative, and mixed methods. Sage. <https://eric.ed.gov/?id=ED500340>
- Mertens, D. M. (2007). Transformative paradigm: Mixed methods and social justice. *Journal of Mixed Methods Research*, 1(3), 212–225. <https://doi.org/10.1177/1558689807302811>
- Mertens, D. M. (2010). Philosophy in mixed methods teaching: The transformative paradigm as illustration. *International Journal of Multiple Research Approaches*, 4(1), 9–18. <https://doi.org/10.5172/mra.2010.4.1.009>
- Mosavel, M., Simon, C., van Stadel, D., & Buchbinder, M. (2005). Community-based participatory research (CBPR) in South Africa: Engaging multiple constituents to shape the research question. *Social Science Medicine*, 61(12), 2577–2587. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3248692/>
- Möttönen, R., van de Ven, G. M., & Watkins, K. E. (2014). Attention fine-tunes auditory–motor processing of speech sounds. *The Journal of Neuroscience*, 34(11), 4064–4069. <https://doi.org/10.1523/JNEUROSCI.2214-13.2014>
- Murphy, P., & Iverson, G. (2003). Pedagogy and cultural knowledge: a sociocultural perspective. *Pedagogy, Culture, and Society*, 11(1), 5–9. <https://doi.org/10.1080/14681360300200157>

- Naquin, S. S., & Holton III, E. F. (2002). The effects of personality, affectivity, and work commitment on motivation to improve work through learning. *Human Resource Development Quarterly*, 13(4), 357–376. <https://doi.org/10.1002/hrdq.1038>
- Neeley, L. (2016). The value of storytelling in public health and medicine. https://www.isr.umich.edu/cps/events/Neely_20160613.pdf
- Nel, H. (2018). A comparison between the asset-oriented and needs-based community development approaches in terms of systems changes. *Practice*, 30(1), 33–52. <https://doi.org/10.1080/09503153.2017.1360474>
- Nguyen, H. (2011). The principal-agent problems in health care: evidence from prescribing patterns of private providers in Vietnam. *Health Policy and Planning*, 26(1), i53–i62. <https://doi.org/10.1093/heapol/czr028>
- Onya, H. (2007). Health promotion in South Africa. *Promotion & Education*, 14(4), 233–237. <https://doi.org/10.1177/10253823070140041001>
- PAHO WHO. (2019). Annual report of the director. PAHO WHO. <https://www.paho.org/annual-report-of-the-director-2019/en/>
- Paris, T., Kim, J., & Davis, C. (2017). Visual form predictions facilitate auditory processing at the N1. *Neuroscience*, 343, 157–164. <https://doi.org/10.1016/j.neuroscience.2016.09.023>
- Persad, G. (2016). What Is the relevance of procedural fairness to making determinations about medical evidence? *AMA Journal of Ethics*, 19(2), 183–191. <https://doi.org/10.1001/journalofethics.2017.19.2.pfor1-1702>
- Peters, D. H., Garg, A., Bloom, G., Walker, D. G., Brieger, W. R., & Hafizur Rahman, M. (2008). Poverty and access to health care in developing countries. *Annals of the New York Academy of Sciences*, 1136(1), 161–171. <https://doi.org/10.1196/annals.1425.011>
- Pfizer, Doak, L., & Doak, C. (2004). Principles for clear health communication (2nd ed.). Pfizer Inc.
- Results for Development Institute, World Bank. (2014). How to close the gap on MDGs 4 & 5 in Africa: Evidence to inform policy options. [http://www.r4d.org/sites/resultsfordevelopment.org/files/resources/How to close the gap on MDGs 4-5.pdf](http://www.r4d.org/sites/resultsfordevelopment.org/files/resources/How%20to%20close%20the%20gap%20on%20MDGs%204-5.pdf)
- Rodrigo, M., & Andrés, F. (2010). Social and economic impact of illiteracy: Analytical model and pilot study. UNESCO. <https://unesdoc.unesco.org/ark:/48223/pf0000190571>
- Rogers, E., Hart, B., & Miike, Y. (2002). Edward T. Hall and the history of intercultural communication: The United States and Japan. *Keto Communication Review*, 24, 3–26. <http://www.mediacom.keio.ac.jp/publication/pdf2002/review24/2.pdf>
- Roy, S., & Campbell, B. (2015). An indigenous epistemological approach to promote health through effective knowledge translation. *Journal of Indigenous Research*, 4(2015), 1–10. <http://digitalcommons.usu.edu/kicjirhttp://digitalcommons.usu.edu/kicjir/vol4/iss2015/2>
- Seiber, E. E., & Bertrand, J. T. (2002). Access as a factor in differential contraceptive use between Mayans and ladinos in Guatemala. *Health Policy and Planning*, 17(2), 167–177. <https://doi.org/10.1093/heapol/17.2.167>
- Sharma, A. (1997). Professional as agent: knowledge asymmetry in agency exchange. *The Academy of Management Review*, 22(3), 758. <https://doi.org/10.2307/259412>
- Sheridan, S. L., Halpern, D. J., Viera, A. J., Berkman, N. D., Donahue, K. E., & Crotty, K. (2011). Interventions for individuals with low health literacy: a systematic review. *J Health Commun*, 16(3), 30–54. <https://doi.org/10.1080/10810730.2011.604391>

- Sitzmann, T., Ely, K., Brown, K., & Kristina Bauer. (2010). Self-assessment of knowledge: A cognitive learning or affective measure? *Academy of Management Learning & Education*, 9(2), 169–191. <https://doi.org/10.5465/amle.9.2.zqr169>
- Smith, C. (2018). Telling stories: Past and present heroes. Brigham Young University: Kenedy Center. <http://kennedy.byu.edu/telling-stories-past-and-present-heroes/>
- Soroptimist International. (2018). World Health Day. <https://www.soroptimistinternational.org/events/world-health-day-2/#HealthForAll>
- South African Human Rights Commission. (2000). Right to Health. South African Human Rights Commission. http://www.sahrc.org.za/home/21/files/Reports/5th_esr_health.pdf
- Statistics South Africa. (2019). Quarterly Labour Force Survey. <http://www.statssa.gov.za/publications/P0211/P02111stQuarter2019.pdf>
- Squires, A. (2009). Methodological challenges in cross-language qualitative research: A research review. *International Journal of Nursing Studies*, 46(2), 277–287. <https://doi.org/10.1016/j.ijnurstu.2008.08.006>
- Tanser, F., Gijsbertsen, B., & Herbst, K. (2006). Modelling and understanding primary health care accessibility and utilization in rural South Africa: An exploration using a geographical information system. *Social Science & Medicine*, 63(3), 691–705. <https://doi.org/10.1016/j.socscimed.2006.01.015>
- Temple, B., & Edwards, R. (2002). Interpreters/translators and cross-language research: reflexivity and border crossings. *International Journal of Qualitative Methods*, 1(2), 1–12. <https://doi.org/10.1177/160940690200100201>
- The Department of Economic Development, E. A. and tourism. (2017). The Eastern Cape socio-economic review and outlook. http://www.ecdc.co.za/media/3749/dedeat-sero-report-2017_digital-version.pdf
- Tsui, E. K., & Starecheski, A. (2018). Uses of oral history and digital storytelling in public health research and practice. *Public Health*, 154, 24–30. <https://doi.org/10.1016/j.puhe.2017.10.008>
- Türmen, T., Troedsson, H., & Stahlhöfer, M. (2001). A human rights approach to public health: WHO capacity building in the area of children's rights. *Health and Human Rights*, 5(2), 147–154. <https://doi.org/10.2307/4065368>
- Ubunye Foundation. (2018). Ubunye Foundation. <http://www.ubunyefoundation.co.za/about-us.htm>
- UFNPA. (2004). Guide to working from within: 24 tips for culture sensitive programming. https://www.unfpa.org/sites/default/files/pub-pdf/24tips_eng.pdf
- UGA. (2015). What is health promotion & behavior?. <https://publichealth.uga.edu/departments/health-promotion-behavior/what-is-health-promotion/>
- Van den Broek, N. R., White, S. A., Ntonya, C., Ngwale, M., Cullinan, T. R., Molyneux, M. E., & Neilson, J. P. (2003). Reproductive health in rural Malawi: a population-based survey. *BJOG: An International Journal of Obstetrics and Gynaecology*, 110(10), 902–908. <http://www.ncbi.nlm.nih.gov/pubmed/14550359>
- Van de Venter, E., & Redwood, S. (2016). Does an asset-based community development project promote health and wellbeing? *The Lancet*, 388(S108), 108. [https://doi.org/10.1016/S0140-6736\(16\)32344-3](https://doi.org/10.1016/S0140-6736(16)32344-3) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32344-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32344-3/fulltext)
- WHO. (1978). Declaration of alma ata. http://www.who.int/publications/almaata_declaration_en.pdf
- WHO. (2009). Health literacy. http://www.who.int/healthpromotion/conferences/7gchp/Track1_Inner.pdf
- WHO. (2011). Child mortality. http://www.who.int/pmnch/media/press_materials/fs/fs_mdg4_childmortality/en/

- WHO. (2012). Joint FiP/WHO guidelines on good pharmacy practice: standards for quality of pharmacy services. https://www.fip.org/www/uploads/database_file.php?id=331&table_id=
- WHO. (2013). Global action plan for the prevention and control of non-communicable diseases, 2013-2020. http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf
- WHO. (2014). Milestones in health promotion. <http://www.who.int/healthpromotion/milestones.pdf>
- WHO. (2015a). South Africa health expenditure. <http://www.who.int/countries/zaf/en/>
- WHO. (2015b). Towards a monitoring framework with targets and indicators for the health goals of the post-2015 sustainable development goals. http://www.who.int/healthinfo/indicators/hsi_indicators_sdg_targetindicators_draft.pdf
- WHO. (2016a). NCDs, poverty and development. <http://www.who.int/global-coordination-mechanism/ncd-themes/poverty-development/en/>
- WHO. (2016b). Health literacy and health behaviour. <http://www.who.int/healthpromotion/conferences/7gchp/track2/en/>
- World Economic Forum. (2016). Global gender gap report, 2016. World Economic Forum. https://reliefweb.int/sites/reliefweb.int/files/resources/WEF_Global_Gender_Gap_Report_2016.pdf
- Xian, H. (2008). Lost in translation? Language, culture and the roles of translator in cross- cultural management research. *Qualitative Research in Organization & Management*, 3(3), 231–245. <https://doi.org/10.1108/17465640810920304>

COMMUNICATION AND DECISION MAKING IN NEONATAL INTENSIVE CARE: WHY NARRATIVE MEDICINE MATTERS

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Abstract. *Objective:* This paper aims to analyse parents' and health professionals' discourse, regarding four main areas: (1) the experience of care; (2) communication among all stakeholders; (3) ethical issues; (4) and ethical decision-making. *Methodology:* The authors collected 62 narratives from health professionals and parents whose newborns have been hospitalized for at least 15 days in the neonatal intensive care unit (NICU). We carried out a qualitative content analysis with the support of NVivo software version 12 Pro. *Results:* The feelings/emotions are present in a high percentage of narratives (mostly negative ones). Parents' learning emphasizes coping strategies. Most narratives focus on communicational aspects. Decision-making is referred to in almost half of the narratives. The ethical issues and questions mentioned are mainly related to decision-making. *Conclusion:* The present study emphasizes narrative relevance in the alignment of parents' and health professionals' perspectives to promote therapeutic relationships.

Keywords: Communication, Decision-Making, Neonatal Intensive Care, Narrative Medicine.

1. INTRODUCTION

Technological and therapeutic advances in neonatal intensive care have led to a decrease in neonatal morbidity and mortality in recent decades. All this progress requires adaptation, specific training, technical skills, permanent knowledge updates, protocol adjustments, clinical guidelines and standards of care based on international meta-analyses, and evidence-based medicine. Along with technical and scientific knowledge, it is highly important to promote holistic and comprehensive care to the newborn and family (Purdy & Wadhwani, 2006). The hospitalization of a newborn in a neonatal intensive care unit (NICU) constitutes a disruptive life event with great impact on family health (Lefkowitz et al., 2010). During this period, parents need to assume new and unknown roles under adverse conditions, such as physical separation from their baby and constraints in contact opportunities, either due to the baby's clinical severity or to maternal illness. Moreover, they fear for the present and future life of their child, while also experiencing feelings of guilt, hope, love, and happiness (Arzani et al., 2015).

Communication is therefore essential to build a relationship based on trust between parents and health professionals (Wigert et al., 2014). This is particularly relevant in the case of distressing news, since coping strategies can only be promoted if skilful communication

takes place (Clarke-Pounder et al., 2015). The paradigm of new medicine, i.e. evidence-based medicine, is defined as the conscientious and judicious use of current best evidence in clinical investigation, entailing the use of systematic reviews of the best available medical literature under the scrutiny of scientific peer review, randomized controlled tests, and risk/benefit analysis. Such a model can hardly integrate the intersubjective dimension of therapeutic care, leaving both patients and health professionals deprived of their personal needs. This is because, as Cassel (2011) reminds us:

Each of us gets to our illness our own way, it becomes part of our story, and we individualize it by its place in the narrative of our lives. To know that illness we must know something of the person. To know the person, we must know something of the narrative. (p. 156)

The American Academy of Paediatrics (AAP) recommends three key factors of good communication: (1) the quality and quantity of the information provided; (2) the interpersonal dimension (active listening and real interest in parent's feelings and concerns); and (3) the bond between doctors and parents/children (Levetown, 2008). In the neonatal area, communication is not linear between doctors and patients. Neonatologists care for the baby and a significant part of the communicative and relational work is aimed at the parents. The relationship between doctors, newborns, and parents is known as the "neonatal triangle" (Zonza, 2012).

Respect for autonomy as a bioethical principle has provided the foundation for a different relationship between physicians and patients, moving from a paternalistic approach that denied patients the opportunity to take part in healthcare decisions to a dialogical one that allows for shared decision making. This approach aligns with the concept of ethical deliberation by Gracia (2003), "A procedure that aims to reach wise and prudent decisions, obliging us to take others into account, respecting their different beliefs and values, and prompting them to give reasons for their own points of view" (p. 227). Decision-making in neonatology should follow the same general principles applied to patients who cannot participate in decision making, but who should always be considered as part of the decisions taken, since their best interest is the main aim.

Nowadays, neonatologists, nurses and parents rely on moral cumulative past experiences. Decision-making is more transparent and shared among clinicians and parents, despite its potential difficulties, especially when cultural beliefs collide (Hawley & Morris, 2017).

Bioethical principles help to maintain moral insight and balance in more difficult decisions (Beals, 2016). Professional guidance for health care staff states that decisions about care and treatment must always be made in the child's best interest and healthcare staff should work in partnership with parents to explore what treatment options might be the best in the child clinical situation (Weiss et al., 2016). A shared-decision making process, when well conducted, allows a balanced involvement of all parties, supporting both the family and the professionals. Finding the right balance between parental autonomy and physician's responsibility in shared-decision making requires insight, empathy, and enormous analytical and communication skills (Lantos, 2018).

Narrative Medicine is of great significance in the health care area. It has opened up a space for critical reflection on terms and concepts, procedures and routines, teamwork, and the relationship among all the stakeholders: physicians, patients, family, and caregivers (Tekiner, 2017). According to Charon (2001), Narrative Medicine "[is] medicine practiced with the narrative competency to recognize, interpret, and be moved to action by the predicament of others" (p. 83). Hurwitz and Spinozzi (2011) point out that Narrative Medicine is mainly an approach that takes into account the crucial difference between patienthood and personhood, between biology and biography, by underlining the importance of language and representation in healthcare. They wrote:

Narrative Medicine is a practice and an intellectual stance which enables physicians to look beyond the biological mechanisms at the center of conventional approaches to medical practice, towards domains of thought and ways of telling that focus on language and representation, on the emotions and relationships which illuminate health care practice. (Hurwitz & Spinozzi, 2011, p. 73)

The focus on language and representation by Hurwitz and Spinozzi (2011) reminds us that Narrative Medicine is intimately tied to the so-called linguistic turn in the early 20th century, which consists of identifying language as instrumental to the perception of behavior or events. The visibility of the shaping role of language at doctor-patient encounters fundamentals the refusal of the reductionism underpinning current standard medical practice, which is too much focused on auxiliary diagnostic examinations, especially imaging techniques. By developing narrative competences among all health professionals, Narrative Medicine is more ambitious than Patient-Centered Care because its main focus is not to collect more data about the patient, but to set up relationships that allow for the integration of personal data in patients' care, as well as in team work and in individual practice.

It is not only about gathering more data, it is about questioning the nature of knowledge and how knowledge gains legitimacy (Murphy et al., 2017). Intersubjectivity is at the core of Narrative Medicine and this relational approach has an impact on the quality of communication and of care. Listening is crucial to setting up relation-based medicine, but it will always fall short of its target if it is merely patient-centered, i.e., if it only entails attention and details monitoring. In order to be actually Narrative Medicine-oriented listening, it should imply a co-creation of knowledge, which means that attention should be paid not only to the details shared by patients, but to the interpretation of patients themselves, as well as to how the interaction between patient-physician/other health professionals can shape the proper act of communication.

A narrative approach could help NICU staff to better understand the suffering and feelings experienced by parents, most often conveyed by images and metaphors. Metaphors are a linguistic resource commonly used by narrators and, to that extent, a resource for (qualitative) researchers to interpret the meanings attributed to lived experiences.

According to Lakoff and Johnson (2003), metaphor as linguistic expression “is pervasive in everyday life, not just in language but in thought and action” (p. 4). It reveals how we frame reality, how parents and health professionals see and experience neonatal care from different points of view. The use of metaphor as a linguistic tool may bring the professional and his technical language closer to the patient, using simple and everyday terms, helping to establish more effective and person-centered care relationships.

Through this study, the researchers aimed to answer the question: what do parents’ and healthcare professionals’ narratives tell about communication and decision making in the NICU? There was a special focus on ethical issues and intervenients’ perceptions, feelings and emotions.

This purpose is supported on the assumption that the analysis of such discourse, with special attention to the use of metaphors and images, is an important tool to identify barriers to a trustful and empowering relationship between health professionals and parents at the NICU.

2. METHODOLOGY

We chose to use narrative research, more precisely the categorical approach (Squire et al., 2014), as it is often used when a researcher is concerned with an experience that has been shared by a group of people (Lieblich et. al., 1998). To achieve the purpose of this study, we collected narratives from healthcare professionals (doctors and nurses) working in the Neonatology Department of Centro Materno-Infantil do Norte (CMIN), and from parents who had their newborns hospitalized for at least 15 days in the neonatal intensive care unit (NICU, CMIN) provided that the discharge had occurred more than 2 months before the start of the study.

After obtaining approval from the Hospital Ethics Committee, the Principal Investigator (PI) of the study, a graduate neonatologist, invited the participants to participate with their own written narratives. The PI performed the invitation in two different ways:

1. The PI contacted health professionals (doctors and nurses) by email. This email included a clear explanation of the project and invited them to write their own narratives, focusing on communication, decisional issues, and their personal experience.
2. The PI informed parents about the project in a meeting that took place on the day of a medical appointment and invited them to participate by writing about their experience, in an open and unstructured way. It is important to highlight that the PI was not the assistant physician of the babies at this stage.

We asked all of the participants to write down narratives freely or with a minimum of guidelines in order to minimize the influence of the researcher and to get the personal sense of the reported experience. We used the following exclusion criteria for participants:

- newborn hospitalized for less than 15 days;
- newborn discharged less than two months before the start of the study;
- clinical cases of neonatal deaths followed by pathological grief;
- neonatal deaths having occurred less than six months before the start of the study;
- and
- social issues, illiteracy or poor capacity for expressing feelings.

A total of 63 health professionals and parents agreed to participate: 22 doctors and 16 nurses from NICU staff and 24 parents (seven with a medical degree and two nurses). The health professionals were mostly women, working in a NICU for longer than 10 years. Within

the parent's group, the majority had more than 12 years of upper secondary education and the mothers were the main participants. Among the mothers, their main obstetric characteristics were preeclampsia, HELLP syndrome, fetal malformation, and fetal hydrops. As far as the newborns were concerned, the main diagnoses included extreme prematurity (<28 weeks gestation), infectious disease (pneumonia, meningoencephalitis, necrotizing enterocolitis), perinatal asphyxia, metabolic disorders, severe air leak, neurological disorder, twin anemia-polycythemia sequence, and congenital malformation (facial cleft, diaphragmatic hernia, polymicrogyria, Noonan syndrome RAF 1 mutation)

We selected the narratives based on relevance or pertinence of neonatal clinical history and of the underlying experiences, communication, and decision-making processes. After we collected the narratives, we carried out a qualitative content analysis, a type of categorical analysis characterized by analysing each singular narrative first and, after a series of analyses, proceeding with the analysis of the whole corpus, in which each narrative is considered as an element of information (Poirier et al., 1995).

Following a period of data immersion and inductive analysis, which made it possible to identify new relevant themes, we completed a thorough cross-check of the codes and themes emerged. To ensure reliability and credibility of the results, we created a common codebook to analyse all the data collected. The codebook included a priori categories such as: the experience of care, feelings/emotions, communication among all stakeholders, ethical issues and ethical decision-making, and emerging categories in the data, such as parents' and health professionals' learning, metaphors, and images. We analysed and processed all the narratives with the qualitative analysis software NVivo (version 12 Pro).

3. FINDINGS

The narratives of parents, although varying in form, had a depth of content at the starting point and were all structured, without exception, around a set of events such as birth and/or delivery, the first contact with the baby, hospitalization, critical episodes, developmental milestones, discharge, and the child's death (when it occurred). The parents' narratives often resorted to description of places, interactions, conversations/dialogues, and situations, while simultaneously evoking or explaining feelings and emotions. Health professionals wrote mainly about ethical issues and decision making that they face during their work at NICU. In the findings below, participant numbers beginning with "M" or "P" are in reference to parents. Those beginning with "N" or "D" refer to healthcare professionals.

3.1 Parents' perceptions

The parents' narratives revealed that they value the quality of the NICU for its technological support as well as for the well-trained staff, capable of addressing the needs of their babies and of themselves. They also conveyed the impact of their first contact with their premature babies, which caused surprise, sometimes shock, but also admiration, tenderness, and love. Fathers emphasized the need to control all situations, particularly concerning the mothers' health and life, occasionally also hospitalized in intensive care, as well as the child's health and survival. Some mothers of premature babies defined themselves as premature mothers, meaning that they became mothers before the right time without fully preparing for motherhood, feeling the need to grow up and adapt to a new and challenging life.

Parents' perceptions revealed their main concerns were with their children's fragility and vulnerability, the burden of tragic moments, and their children's resilience or survival. They also expressed feelings of gratitude to health professionals. A special emphasis was placed on the care provided by nurses, specifically on the sensitivity and affection in the touch and care of their children. Participant M13 noted, "My baby was cared by devoted doctors and nurses that, as often as possible, tried to keep the bond between me and my child and informed me about the clinical condition and evolution in a realistic way." M14 expressed that, "(At NICU) all babies were monitored, constantly watched over (supervised) by NICU staff, who were always ready to take care, treat and at same time, cuddle them." Similarly, M18 explained, "My baby was presented to me in a big room with twelve incubators, with professionals that move silently, accurately and safely." M2 wrote, "We have an enormous respect and gratitude to NICU staff, especially for the patience and delicacy towards our little baby... all this care goes beyond their duties." According to P1, "All professionals are unbeatable in their efforts to keep the life and wellbeing of our babies." Finally, M18 indicated:

We (me and dad) kept firm day after day, under the attentive look of the staff, who provided not only precious technical care but also love, physical, mental, emotional and energetic availability to all babies and parents, as a family. We could see hope and sometimes dismay and discouraged in their eyes.

3.2 Parents' feelings and emotions

Participant M10 wrote in her narrative, "My experience at NICU could be defined as a roller coast of feelings and emotions." The negative emotions expressed by parents in their narratives were anxiety, affliction, anguish, sadness, fear (which is central to many narratives), emptiness, shock, and suffering. These emotions were all related to the fragility and vulnerability of the newborns, emphasized during the hospitalization period. There was also a group of conflicting emotions, such as resignation, anger, envy (specifically related to other parents), and guilt (due to the fact that they account themselves as responsible for their newborns clinical situation). These emotions are shown in Figure 1 below.

Positive emotions were mainly related to the positive clinical evolution of their babies. Some special events or moments evoked by parents were of great joy and satisfaction, namely when they could touch the baby, conduct skin-to-skin contact (Kangaroo care), participate in daily care, breastfeed, and prepare to discharge from the hospital. Parents' expressed in their perceptions of NICU staff behavior and attitudes. For example, M19 wrote, "The nurses, doctors and medical auxiliary staff are amazing people, that everyday work also mitigating our pain and suffering." P5 explained, "The more interesting experience in NICU was caring for the parents' needs and the loving hands taking care of our children. We stayed there for a long time, and all (staff) understood our anguish and took care of our suffering."

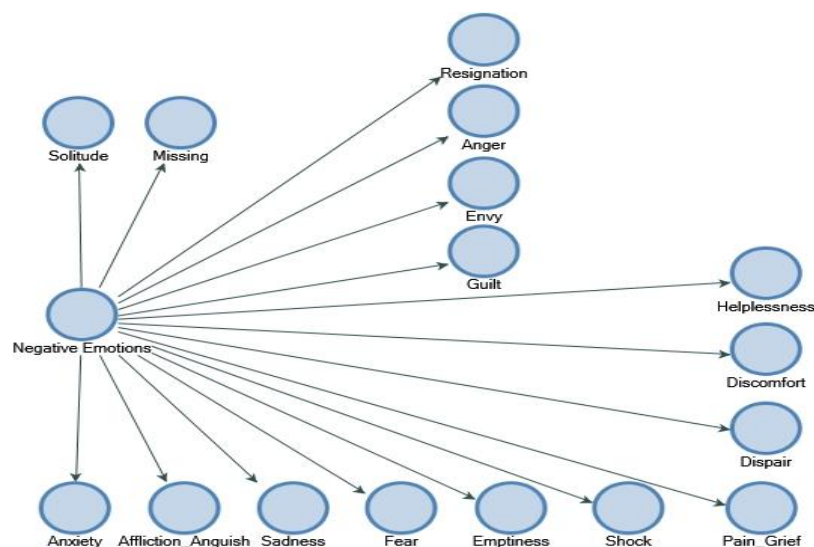


Figure 1. Negative Feelings or Emotions

3.3 Healthcare professional's feelings/emotions

This category of emotions and feelings was much less expressive in the narratives of health professionals. They used a more clinical and technical language, which might have been related to their daily practice and the need for emotional control in intensive care work. Some narratives highlighted satisfaction and joy after successful completion of complex procedures. Feelings of joy and success during successful resuscitation were also frequent, as well as feelings of sadness, failure, and frustration when the resuscitation failed. Some professionals revealed signs of physical and psychological distress related to difficult decision making and the grief process.

3.4 Parents' learning

Parents of hospitalized newborns are subject to psychological distress related to their infant's health and survival, risk of disability, family disruption, and physical and emotional features of NICU environment. Most parents' narratives emphasized coping strategies that we grouped into four main areas: (a) the bond with their babies: touching, holding, massaging, Kangaroo care, speaking or singing; (b) personal life, mainly self-caring: prioritizing their personal health, sleeping, doing exercise and eating properly, spending time with family and friends; (c) psychological support: being able to share thoughts, feelings and experiences; and (d) the bond with other NICU parents. As examples, the following extracts reveal the learning process underlining the experience of premature babies' or critically ill infant's parents:

- "To survive, I must learn to live one day at time" (M4).
- "This experience has taught me to love unconditionally" (M9).
- "We have to learn to accept our child with limitation[s] and deficits" (M17).
- "I have learnt to enjoy the few but great moments and to minimize daily problems" (P2).
- "Our loss was very difficult to accept, we had to relearn how to live without our baby" (M2).

3.5 Health professionals' learning

Health professionals' learning related to a respect for the newborn physiology, behavior, resilience, and their peculiar way of communicating. There were narratives that highlighted the extraordinary strength of some babies and the relevance of subtle and small, but

important, signs, such as behavior, movements, grimaces, and other signs of comfort or discomfort. Also relevant was the human and relational growth with parents and the rest of the team as well as dealing with their own feelings about loss and death.

3.6 Communication among all stakeholders

Participant M5 wrote:

Although she [the doctor] talked to us calmly, I just retained part of the information, most of words I'm sure I didn't hear. It seems a nightmare. I realized that when we are fragile, words have such an enormous impact. Something that in another situation is vulgar, becomes much too relevant.

This brief report reveals how communication assumed a relevant role in this context and posed important challenges to all involved. The success of the communication process did not depend exclusively on the sender's communication skills, but on the receiver's ability and willingness to listen, a condition that, for various reasons, cannot always be guaranteed. However, the narrators, consciously or unconsciously, identified a set of elements that facilitated and/or inhibited the communication process.

3.7 Parents' perceptions of communication - facilitators

The main facilitators of communication that we identified were: the relevance of complete information about NICU rules and clinical issues, clarifications of doubts, parenteral expectations management, active listening, emphatic attitude, emotional and psychological support, and reduction of uncertainties. The narrators emphasized the relevance of the various dimensions of communication such as: time, place, attitude, and mode of communicating.

Also relevant were the voice tone, facial expression, clarity, and terminology used. For example, participant P4 wrote, "For us, the "hidden" help [given] by the team was essential, including the content of the information, the moment and the way they did it." M16 expressed, "We emphasise the management of emotions and expectations, the professional way they shared the information and decision making, the empathy with our feelings (floating and sometimes contradictory), the performance of those professionals that daily work at NICU." M1 explained:

We all stayed together, me and my husband, the doctor and the nurse. I saw my husband crying for the second time. I remained calm all the time. I was there for my baby, my little girl. We went home after she died, during the night. The shift was over, but no one left.

Finally, M2 noted:

We were very happy in NICU. All the staff, doctors and nurses and other parents became part of our life. For some time, that NICU was our home. We laughed, cried, unburdened, we waited for so many answers... We have an enormous respect and appreciation for all the NICU staff, for their patience and kindness and for all their attention when caring for our baby.

3.8 Parent's and Healthcare Professionals' Perceptions of Communication – Barriers

The main inhibitors or obstacles to communication identified by parents and health professionals were related to the transmission of bad news, the unpredictability of outcomes, contradictory information, and a non-empathic way of communication. Some health professionals wrote about the difficulties they felt when they had to give bad news, underlining the need for more training in this area. Illiteracy or cognitive disturbances of some parents were also referred to as obstacles to adequate communication.

The excessive amount of work within the health professions and their impact on the time needed to communicate was also referred to by some parents as a negative element. For example, participant M1 wrote "One day my baby had apnea, the alarms didn't work correctly. She was immediately reanimated by the nurse. The doctor was too harsh during the explanation. I started feeling fear that something wrong could happen." M13 explained:

The day of prenatal diagnosis will stay forever in my mind. I'll never heard so big and so painful swear-word. Hernia what? What's that? How could happen? No! My baby must be perfect, we always did everything to be perfect, but wasn't... Every night I called NICU to take my tranquilizer pill. How's my baby? Most of the time the answer was: stable. Health professionals must excuse me, but I start hating this word. I know that means a lot, but nothing for an anguished and anxious mother.

Similarly, M15 noted:

All the time doctors made a meeting around my baby I went out of NICU, to hear without understanding all the weird words they used, which made me feel bad. I always preferred waiting for them to talk to me in a more understandable way, because what we (parents) need is simplicity, the situation is complicated enough.

Participant M10 wrote, “Sometimes we could realize that the information given by different doctors (of different specialities) was contradictory and this made us feel anxious and insecure.”

The Parent’s Room is an area near the NICU, where parents can take a break, rest, read, watch TV, chat with other parents, or write. This place was generally considered by parents as a good one. However, some parents saw it as a source of negative feelings and conflicts, because this is where parents usually compared their babies, who were at different stages of hospitalization, leading to uncomfortable conversations and feelings of sadness, pessimism, envy, and anguish.

3.9 Parents’ and healthcare professionals’ perceptions of ethical issues and decision-making

The ethical issues included in the narratives were mainly in the area of decision-making especially related to withholding or withdrawing treatments. Decision-making was referred in almost half of the narratives. Participant N2 wrote, “The reasonableness of proceeding with successive reanimations started to be questioned by the team.” N13 explained, “Several times we questioned ourselves about the limits, if they were or not exceeded.” N14 expressed, “We [the NICU team] share the anguishes and doubts about how far to go and insist.” Finally, N21 noted, “The impact of our intervention on family and society is powerful and sometimes overwhelming.”

Doctors must help parents understand their children’s clinical situation and prognosis but they should also clarify the meaning of the choices they face in light of that clinical situation. NICU staff team must first help parents articulate their own hopes, fears, and values and integrate all these in the deliberative procedure and final decision. Participant N21 explained, “There is a hard fight for survival; we work between some parent’s requests (don’t let him go, he will make it, he’s strong, he’s my son...) and the limits of our intervention (appropriate or excessive, obstinate?).” N25 wrote, “Several times I thought: is it worth all the efforts? Are we dealing with therapeutic enhancement? Would palliative care be better choice? Should we decide for the natural course of the disease?”

In neonatology, these tasks are particularly tricky because parents in the NICU are in the grip of very strong emotions, as discussed above. This emotional ground makes it difficult for most parents to understand and interpret information about the complex probabilities of

various outcomes. These facts are the main topics mentioned in health professional's narratives, stressing the difficulties in communicating with some parents, in making difficult decisions, while underlining the impact that this hard context has on their own life and health. Participant N7 wrote:

The decision was very hard to all team [members], unimaginable to parents. Their wish to understand the etiology of the tragic event was relevant in final decision to maintain vital support until the laboratory test could be made to confirm the diagnosis.

E4 indicated, "We questioned about the value of life and death, the difference between surviving with severe sequels or neonatal death; about proceeding treatments or setting up limits, taking into account the quality of life."

In most cases, parents stress the dilemma between saving the life of their baby with long-term severe sequelae or, otherwise accepting neonatal death. Some mentioned palliative care, although omitting the term. For instance, participant M1 wrote:

One Friday afternoon, doctors came and talked to me. I heard and I called my husband. I could never express what I felt at that moment. Laura had multiple cerebral abscesses. Me and my husband had no doubts that it would be better if she died... well, I had some... for a while, I thought maybe it could have been a misdiagnosis...I had a shred of hope.

M9 explained, "My little girl is under tracheostomy, home ventilated and with a percutaneous gastrostomy, but always very attentive, intelligent and trying to communicate through PC EYE GO."

3.10 Metaphors and images

Participant P5 wrote, "Our routine has been modified like a Tsunami, but with enormous love, literally incubated, all of our difficulties became soften[ed], sprawled out and evaporated." The metaphors and representations, which were used to facilitate the expression and reveal the subjective view of the world, enable alternative ways to understand the environment that surrounds us and to intervene in it. We have therefore decided to analyse the set of metaphors that emerged in the narratives of parents and professionals.

Metaphor, as a rhetorical figure, was recurrent in parents' narratives, helping them to talk about difficult moments and to face negative emotions and feelings that would be otherwise impossible to describe. Healthcare professionals did not use images or metaphors in such an

expressive way, maybe due to the common use of technical language and the prevalence of rationality at the expense of emotion in their discourse. We found metaphors and images in 24 narratives, mainly in parents' narratives. "Fairy-tale" metaphors were very often used by parents to convey the way they saw their babies and to express admiration, tenderness, and love. These included the use of words such as pearl, princess, prince, or princess dancer. "War" metaphors, were used when parents described their newborns' resilience, in spite of their great fragility and vulnerability, with words like hero, fighter, fight, warrior, victory, brave, lost the battle, win the war

The images were mainly used to explain feelings and strong emotions related to life events, such as significant and/or tragic moments. For example, M4 wrote "You went through the raindrops without ever getting wet." M15 explained, "The clinical condition rapidly worsened. It was a cold shower." Participant M17 expressed, "A bright and valuable stone on millionaire's shoes. I was a trapeze artist, a colourful and magical whirlwind." M9 indicated, "At beginning the days are hours, the hours are minutes and the minutes are seconds. Everything changes in a stunning speed, causing a vortex of emotions that leads us between sanity and madness." M8 noted, "At that moment the ground began to slip away, and I was falling into a black hole." As another example, participant M20 penned, "My experience in NICU was hell. The pain, suffering and fear for our child's life and outcome uncertainty is so tearing that no happy end could fade. It is always, always in my memory and engraved on my heart." P10 wrote, "I could finally rest, but then suddenly a train of problems and scenarios appeared that ran over us daily." Finally, M12 recorded, "When my [was] baby born so prematurely and was admitted in NICU, I froze my heart and I promised that it would only restart beating when I would be able to take my baby home."

Parents also used images to express gratitude and respect to the health professionals. M17 wrote, "Fairy ladies with cotton fingers passed around." P1 penned, "Our babies were strong and fighters and thanks to yellow angels they won. We will never forget those angels, that work hard to save our kids." M10 noted, "The staff's professionalism and care, helped us not to 'throw the towel down,' but gave us the strength 'keep on the road.'"

The health professionals' metaphors and images were less expressive, although war metaphors, similar to those used by parents, were found in some narratives. Metaphoric language was more prevalent among female younger doctors. For instance, participant N10 noted, "Some histories get tattooed on our soul." N15 wrote, "She was our little girl rice

grain.” N21 penned, “We control medical devices because they are like nomads.” N6 recorded, “Some babies are low in their gestational age but giant in their desire to live.” Finally, N1 wrote, “Most preterm babies are XXS size but XXL in strength and fortitude.” These are preliminary findings.

4. DISCUSSION

The present study, the first to be carried out in a Portuguese NICU, emphasizes the relevance of narratives in the alignment of parents’ and healthcare professionals’ perspectives, so that the therapeutic relationships can be built in the best interest of the newborns. It is important to underline that, in spite of the PI having already had a relationship with the parents and a previous knowledge about the clinical course of their babies, which might explain the adherence to participation, this fact did not prevent the narrators from exposing some negative aspects regarding communication with the staff and organizational problems.

Although most health professionals that participated in this study have more than ten years of work experience at the NICU, their narratives express doubts, uncertainties, and ethical issues, mainly related to withdrawing and withholding treatments. Also relevant was the evidence of self-care needs referred to by some professionals as well as the need to promote brainstorming meetings after difficult decisions. Psychological support is available for NICU staff; however, based on health professionals’ narratives, this support should be carried out on a more regular basis. In more complex cases, there should also be a more graduate neonatologist supporting the multidisciplinary team, gathering all the information and sharing it with parents.

The American Academy of Pediatrics (AAP) prioritizes shared decision-making between parents and physicians. Some studies confirm that families wish to participate, to some degree, in decision-making (Clarke-Pounder et al., 2015; Levetown, 2008). A truly shared decision making is difficult under any circumstance (Weiss et al., 2016). But in neonatology, the uncertainty of the prognosis, the urgency of time, and sometimes the fact that there is not one single patient but two (the critically ill infant and the mother), make things worse (Lantos, 2018). These aspects were very clearly stated by parents and health professionals in their narratives. Improving knowledge in bioethics and in Narrative Medicine could provide NICU staff with better communication and shared decision-making tools (Fioretti et al., 2016).

Based on these preliminary results, it is possible to point out an important guideline: between war and fairy-tale metaphors, there is common ground to promote reflective rounds with health professionals and parents, which could balance the fairy-tale elements of the care, together with realistic facts about the newborn health condition. Metaphor, as a rhetorical figure, is recurrent in parents' narratives, as it helps them to express difficult moments, as well as emotions and feelings that would be otherwise impossible to describe. Health professionals do not use images or metaphors in such an expressive way, maybe due to the facility and training in technical language or due to the fact that rationality tended to be more prevalent than emotional discourse. Metaphors and the most common terms and categories used in the narratives of the different group of participants disclosed how, where, and why one should intervene to improve communication and shared decision making so that the care provided can be more effective and person-centered.

The strengths of our study are the virtues and advantages of a qualitative study to collect the emotions, feelings, opinions, and perceptions of parents and health professionals. We also stress the potentiality of the narratives used as a completely open, unstructured, and non-directive instrument of data collection. The institutional nature of our research could be considered a limitation, but the following arguments contradict this position:

1. Qualitative research does not visa the generalization of the results.
2. The research has been carried out based on the knowledge of neonatal clinical histories, which contributed to a deep and accurate reflexive analysis, interpretation, and understanding of the parent's narratives.
3. Other NICU/institutions can replicate the study.
4. The main aspects of this study will be discussed with peers.

5. CONCLUSION

In conclusion, we believe that improving knowledge in bioethical principles and acquiring skills in Narrative Medicine could help NICU staff to better communicate with parents, to be more able to deliberate, and to share decision making within the neonatal setting. The analysis of narratives within a Narrative Medicine framework allowed us to identify the terms, images, and metaphors in the discourse of parents and health professionals in order to provide guidelines for their alignment as well as for the necessary changes in daily practice. The results allow us to recognize the relevance of promoting instruments, skills and strategies to provide parents with more accurate information about hospitalization, namely

regarding coping strategies. In the present study the authors emphasize the role of the intersubjective bridge between bioethics and Narrative Medicine.

Conflicts of interest. The authors declare no conflicts of interest.

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6. REFERENCES

- Arzani, A., Valizadeh, L., Zamanzadeh, V., & Mohammadi, E. (2015). Mothers' strategies in handling the prematurely born infant: a qualitative study. *Journal of Caring Sciences*, 4(1), 13-24. <https://doi.org/10.5681/jcs.2015.002>
- Beals, D. (2016). Neonatal bioethics. In T. L. Gomella, M. D. Cunningham, & F. G. Eyal (Eds.), *Neonatology: Management, procedures, on-call problems, diseases, and drugs* (pp. 221-226). McGrawHill.
- Cassel, E. (2011). The nature of suffering and the goal of the medicine. Oxford Scholarship Online. <https://doi.org/10.1093/acprof:oso/9780195156164.001.0001>
- Charon, R. (2001). Narrative medicine: Form, function, and ethics. *Annals of Internal Medicine*, 134(1), 83-87. <https://doi.org/10.7326/0003-4819-134-1-200101020-00024>
- Clarke-Pounder, J. P., Boss, R. D., Roter, D. L., Hutton, N., Larson, S., & Donohue, P. K. (2015). Communication intervention in the neonatal intensive care unit: Can It backfire? *Journal of Palliative Medicine*, 18(2), 157-161. <https://doi.org/10.1089/jpm.2014.0037>
- Fioretti C., Mazzocco, K., Riva, S., Oliveri, S., Masiero, M., & Pravettoni, G. (2016). Research studies on patients' illness experience using the Narrative Medicine approach: a systematic review. *BMJ Open* 6(7), 1-9. <http://doi:10.1136/bmjopen-2016-011220>
- Gracia, D. (2003). Ethical case deliberation and decision making. *Medicine, Health Care, and Philosophy*, 6(3), 227-233. <https://doi.org/10.1023/A:1025969701538>
- Hawley, S. T., & Morris, A. M. (2017). Cultural challenges to engaging patients in shared decision making. *Patient Education and Counseling*, 100(1), 18-24. <https://doi.org/10.1016/j.pec.2016.07.008>
- Hurwitz, B., & Spinozzi, P. (2011). Narrative (in) medicine. In: Spinozzi, P., & Hurwitz, B. (Eds.), *Discourses and narrations in the biosciences* (pp. 73-87). Vandenhoeck & Ruprecht Unipress.
- Lakoff, G., & Johnson, M. (2003). *Metaphors we live by*. The University of Chicago Press.
- Lantos, J. D. (2018). Ethical problems in decision making in the neonatal ICU. *New England Journal of Medicine*, 379(19), 1851-1860. <https://doi.org/10.1056/NEJMr1801063>
- Lefkowitz, D. S., Baxt, C., & Evans, J. R. (2010). Prevalence and correlates of posttraumatic stress and postpartum depression in parents of infants in the neonatal intensive care unit (NICU). *Journal of Clinical Psychology in Medical Settings*, 17(3), 230-237.

<https://doi.org/10.1007/s10880-010-9202-7>

Levetown, M. (2008). Communicating with children and families: From everyday interactions to skill in conveying distressing information. *Pediatrics*, 121(5), 1441-1460.
<https://doi.org/10.1542/peds.2008-0565>

Lieblich, A., Tuval-Mashiach, R. & Zilber, T. (1998). *Narrative Research: Reading, Analysis, and Interpretation*. SAGE. <http://doi.org/10.4135/9781412985253>

Murphy, J. W., Choi, J. M., & Cadeiras, M. (2017). The role of clinical records in narrative medicine: A discourse of message. *The Permanente Journal*, 20(2), 103–108.
<https://doi.org/10.7812/TPP/15-101>

Poirier, S. (1999). Voice: Structure, politics, and values in the medical narrative. *HEC Forum*, 11(1), 27-37. <http://doi.org/10.1023/a:1008852301505>

Poirier, J., Clapier-Valladon, S., & Raybaut, P. (1995). *Histories of life: theory and practice*. Celta Ed.

Purdy, I. B., & Wadhvani, R. T. (2006). Embracing bioethics in neonatal intensive care, part II: Case histories in neonatal ethics. *Neonatal Network*, 25(1), 43–53. <https://doi.org/10.1891/0730-0832.25.1.43>

Squire, C., Andrews, M., Davis, M., Esin, C., Harrison, B., Hyden, L., & Hyden, M. (2014). *What is narrative research?* Bloomsbury Academic Ed.

Tekiner, H. (2017). Ethical considerations related to narrative medicine. In O. Sayligil (Ed.), *Patient centered medicine* (pp. 161-175). Intech Open. <https://doi.org/10.5772/66167>

Weiss, E. M., Barg, F. K., Cook, N., Black, E., & Joffe, S. (2016). Parental decision-making preferences in neonatal intensive care. *Journal of Pediatrics*, 179, 36-41.
<https://doi.org/10.1016/j.jpeds.2016.08.030>

Wigert, H., Blom, M. D., & Bry, K. (2014). Parents' experiences of communication with neonatal intensive-care unit staff: An interview study. *BMC Pediatrics*, 14(1), 1–8.
<https://doi.org/10.1186/s12887-014-0304-5>

Zonza, M. (2012). Narrative based medicine and neonatology: An interpretative approach. *Journal of Pediatric and Neonatal Individualized Medicine*, 1(1), 49–52. <https://doi.org/10.7363/010114>

THE EXPERIENCE OF LIVING WITH CHRONIC KIDNEY DISEASE

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Abstract. Chronic kidney disease is a public health issue due to its high incidence, morbidity, mortality, and overload of health systems. It is a disease in which renal function is progressively lost. The aim of this study was to understand the experience of people living with Chronic Renal Disease who have received a kidney transplant. I used the hermeneutic-phenomenological qualitative research method proposed by Van Manen (2014). There were 11 participants with Chronic Renal Disease in this study. The main theme that emerged was the experience of living with chronic kidney disease. I grouped sub-themes as the existential lifeworld of: (a) Relationality: feeling stuck, Terminal Chronic Renal Failure and support; (b) Temporality: something unexpected, being present and not seeing it, being young and sick; (c) Corporeality: body deterioration and changes in sex life; (d) Materiality: the effects on the economic status; and (e) Spatiality: changes in life, sadness, and depression. This study represents an important tool for the development of self-care models articulated within public health policies aimed at caring for people with Chronic kidney disease.

Keywords: Kidney Disease, Chronic; Kidney, Transplantation, Research, Qualitative, Hermeneutic.

1. INTRODUCTION

Chronic kidney disease (CKD) is a debilitating disease, caused by a gradual and progressive loss of renal function which affects the person and his surroundings (Gill, 2012). The number of people with CKD and Terminal Chronic Renal Failure continues to increase, being a public health problem that could reach severe epidemic proportions. It is estimated that, by 2030 approximately 2.2 million people in the world will require renal replacement therapy (Ene-Lordache et al., 2016).

There are several important factors for the development of the disease including aging, cardiovascular diseases, and type II diabetes mellitus, considered to be responsible for its increasing incidence (Schaepe & Bergjan, 2015). The main treatment options are kidney transplantation or dialysis. Given the limitations of kidney transplantation, it is recognized that most people enter renal replacement therapy (Schaepe & Bergjan, 2015).

Studies have addressed this phenomenon and its effects on body image and treatment, mechanisms for surviving the disease (Campos & Turato, 2010), and the adherence to treatment considering how various experiences and religious practices contribute to decision making (Lam et al., 2014). Coping strategies used to live with the disease and manage treatment such as dialysis are important elements that involve changes in patients' lives (Chatrunga et al., 2015; Gill, 2012; dos Santos & Valadares, 2013).

Other related aspects include diet issues and changes in protein-calorie intake, which cause an increase in malnutrition during the initial stage of renal replacement therapies, leading to increased morbidity and mortality in these people (Palmer et al., 2015). Sabancogullari et al. (2015) address changes in the patient's sex life due to hormonal changes, symptoms associated with the disease and dialysis treatment, and the importance of decision making in relation to treatment modality.

This research generates novel elements. The studies above addressed the individual within their experience at some stage of the disease and treatment. This study sought to find answers in the meaning of the experience of people with CKD in an attempt to find a comprehensive view for the care of the person and his family. In this context, the objective of this study was to understand the experience of people living with Chronic Kidney Disease who have received a transplant. The research question guiding this study is: How can the meaning of the experience lived by people with chronic kidney disease contribute to improved care practices that nursing professionals provide to these people?

2. MATERIAL AND METHOD

This is a phenomenological hermeneutical qualitative study (Van Manen, 2014). Consistent with this perspective, I sought through a face-to-face inquiry to reconstruct the meaning of the experience lived by people with CKD. I explored the socio-personal environment to understand more deeply their experience and derive from the knowledge obtained a set of guidelines that would allow improved the care for people who have this health condition.

I collected data through face-to-face interviews. I began analysis upon transcription of the interviews following Van Manen's method, in six steps: 1) collection of lived experience; 2) reflection of lived experience; 3) reading and rereading of interviews, 4) recovering the semantic language within the text, 5) detection of emerging issues, 6) writing and rewriting of the lived experience (Van Manen, 2014). I centered the analysis on the existential lifeworld (Van Manen, 2014). This includes five components:

1. Relationality identifies the relationships that people maintain in their shared space. It leads to reflection on how relationships can influence the perception of the phenomenon, recognizing common features in the other, and the social components that give meaning to life (Van Manen, 2014).
2. Corporeality is the immersion in the corporeal world. Here, things are consciously or unconsciously revealed or hidden in the encounters with other people. One's body language

changes during these encounters which allows us to identify how the body experiences, feels, perceives, and manages a phenomenon (Van Manen, 2014).

3. Spatiality in which space is interpreted as having Cartesian properties with universal coordinates and distances, but the interest is about how space is felt and gives meaning to the phenomenon (Van Manen, 2014). Heidegger (1974) explained, “the spatiality of man is something inseparable from his corporeal being ... ‘grounded’ in his corporeality” (p. 70).
4. Temporality is examined in relation to how time is experienced and is correlated with a subjective time. The meanings of an experience with time are interpreted at a particular time (Van Manen, 2014).
5. Materiality concerns how things are experienced and describes how “intramundane or useful bodies” assign a meaning (Heidegger, 1974; p. 68).

The 11 participants in this study were all CKD patients who had received kidney transplants and residents of the city of Neiva, Colombia. I selected them by casual sampling, considered to be the most formal in qualitative research (Patton, 2002). This sampling method requires the researcher to review and study all cases that meet the predetermined criteria, ensuring the quality of the data (Patton, 2002).

Through this process, the participants provide representative information (Patton, 2002). It is not problematic that I did not use random sampling methods as participant selection was guided by specific participation criteria.

Additionally, I chose participants from the database provided by the South-Colombian transplant unit. Inclusion criteria focused on participants who were people with transplanted CKD, were older than 18 years, had a renal transplantation for the first time for a period greater than six months, or were re-transplanted with for a period greater than six months.

I collected data from December 2015 to January 2017. I initially contacted participants by phone. All of those contacted agreed to participate and the author had no connections with these people. I used in-depth interviews to collect data.

After the initial phone contact, I interviewed participants in a face-to-face format at their residences, starting with the following question: Can you tell me about your experience since you were diagnosed with CKD? I expected this question to be broad enough to allow the participant to speak without restraint.

I followed a list of questions encouraging elaboration that allowed them to reflect deeply on the phenomenon. The interviews lasted 60-90 and were recorded, listened to, and transcribed in full by myself.

The Ethics Committee of the University of Antioquia approved the study (Document #CEI-FE2015-05).

I considered the Resolution 8430 of 1993 and the ethical principles of beneficence, autonomy, privacy, freedom of expression, and sentiments. In the case of qualitative research, the researcher builds, collects, selects, and interprets the data. Reflexivity has an important role in this approach.

Reflexivity is the process of connecting within the research based on introspection of personal and professional experiences, knowledge, and interest in the phenomenon of study (Finlay, 2002).

I considered credibility and the possibility of obtaining confirmation, achieved through textual transcription of the interviews by the researcher.

Other qualitative research experts reviewed the findings of this study. I also returned them to the participants for member checking (Lincoln & Guba, 1985).

Regarding transferability, I expect that the results of this study serve to find similarities or divergences with the findings of other studies addressing the phenomenon.

3. FINDINGS

This article addresses the theme of living with chronic kidney disease. Figure 1 below shows the relationship between this existential lifeworld and the sub-themes, allowing the reader to recognize this experience is a network of relationships and not a series of events that take place during the life of human beings, a concept consistent with the hermeneutical phenomenology. In what follows, these sub-themes are described and illustrated with sections of the interviews.

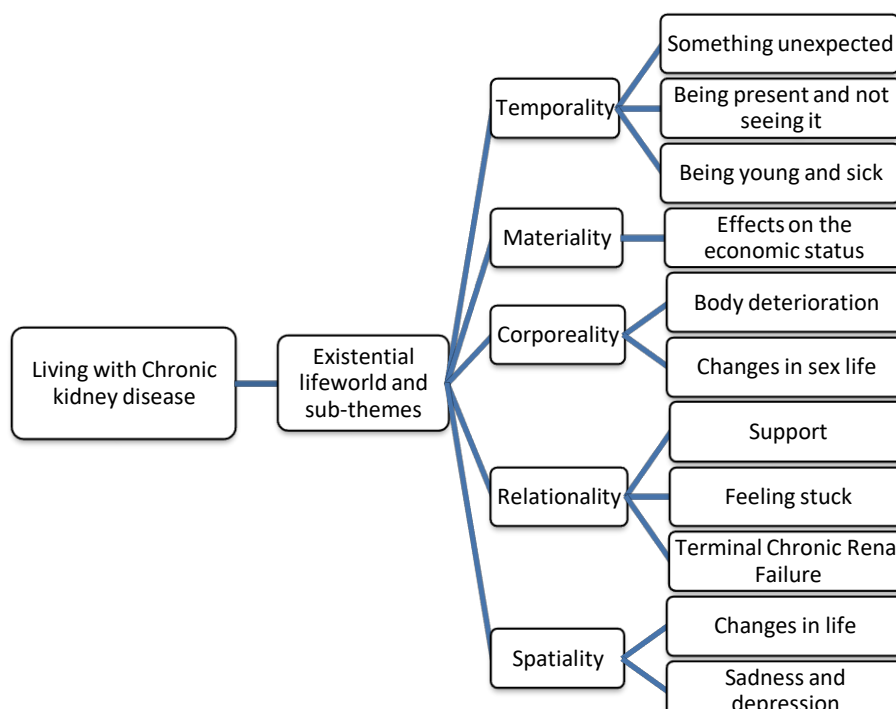


Figure 1. Relationship between the Existential Lifeworld and Sub-Themes

Table 1 below presents the demographics the participants in the study. They are all residents in Neiva. There were 5 men and 6 women. The minimum age was 20 years and the maximum was 70 years. Six had received peritoneal dialysis and hemodialysis. Four had received only hemodialysis. One had received peritoneal dialysis only.

Table 1. Demographics of Participants, Neiva, Huila, Colombia 2015-2017

Pseudonym	Gender	Age	Education	Type of treatment
MMV	F	20	Technical	Hemodialysis and Peritoneal dialysis
JIB	M	27	Secondary	Hemodialysis
VG	F	28	Secondary	Hemodialysis
EP	M	37	Secondary	Hemodialysis and peritoneal dialysis
EYS	M	39	University	Hemodialysis and peritoneal dialysis
MCV	F	42	University	Peritoneal dialysis
MAA	F	50	University	Hemodialysis
MEA	F	52	Secondary	Hemodialysis and peritoneal dialysis
MR	F	62	Basic education	Hemodialysis and peritoneal dialysis
JCC	M	69	Basic education	Hemodialysis and peritoneal dialysis
AS	M	70	University	Hemodialysis and peritoneal dialysis

3.1 Relationality

As characteristics of relationality, participants acknowledged support, feeling stuck, or Terminal Chronic Renal Failure.

3.2 Support

When discussing support, I identified two sub-themes, these being support from friends and family support. Support from friends can occur in different ways. The first is at the economic level in ways such as providing housing, helping with food, or collaborating at work, making participants feel supported and that they can trust their friends. They shared news related to their transplant with these persons and requested their collaboration to help solve different situations that may arise. They transformed their companionship into a way of understanding that “life is not over,” that they were still alive and, therefore, they must move forward in life, accompanied not only by the disease but also by people who are there for them. Participant EYC said:

I called some friends. I told them “I will probably undergo the transplant.” I took some money and went to the airport. When I came to live with my friend and his wife ... she used to cook the food without salt, I took out my food first and then she added salt for everyone, they used to take care of my diet.

MCV explained:

My roommates arrived, a blessing, the companions of admitted patients and they gave me a lesson about life, because they always ask that, then they started talking about work, what happened at work, I kept looking at them and said: “Life is not over, I’m alive, with this disease, but still alive.”

Regarding family support, participants indicated it was crucial to feel accompanied and protected, with the perception of being cared for. The intervention of the family, at this stage, gave them an impression that their problems diminished, helped them cope with the disease, and facilitated the adaptation process. They recognized the participation of their family in the care of their diet, their economic and emotional support, as well as their participation in the treatment. In this way, they realized that the disease is not a process that is lived alone, but it involves all family members, making them indispensable pillars for the person to overcome the disease.

MEA mentioned:

The disease belongs to the two, three, four of us, it is not only mine; it also belongs to my husband and my children. The young partner wants the disease to be experienced only by his wife, but the affected person needs support from others to overcome the disease, it is vital having the family on their side. If you do not have family support, you have a relapse, and it happens quickly; if the husband does not support her wife, she will not accept her disease, she will not accept living with the disease ... and then Goodbye... this is the main cause, not accepting the disease.

3.3 Being stuck

The disease leads participants to feel stuck because they had difficulties with travel, going to work, and attending leisure activities. The feeling of being stuck was described in their statements when they explained that they were excluded from many activities because the disease limits the possibility of carrying them out or they had to be postponed. They also experienced fear of the possibility of making a trip or their inability to work because they feel stuck. AS noted:

One feels stuck... I had the opportunity to go abroad because I have a daughter who lives in another country, but I do not want to travel now, I'm afraid that I will get sick there... I am afraid of having a urinary tract infection or something like that.

3.4 Terminal chronic renal failure

The participants expressed the terror they experience when they hear the words "terminal chronic," in reference to the disease stage in which they are, since they have the feeling of approaching death. EP said:

It causes terror because when they say "there's nothing left to do." The word terminal means "it is not working anymore," "you are going to die." People have an impression that they say terminal because AIDS, cancer and brain death are terminal illnesses, then, the affected aspect is the psychological one.

3.5 Temporality

Temporality for the participants means something unexpected; chronic kidney disease was a surprise. They described the disease manifesting as a breakdown of everyday life.

The disease appears at a moment's notice and the affected persons experience symptoms such as vomiting, adynamia, diarrhea, and edema. Often, they visited a doctor's office or an emergency room without even imagining that they had chronic kidney disease, characterized by failure of kidney function. EP explained:

It all started when I began to exhibit symptoms... I began to feel sick, I had vomiting, diarrhea, a foul taste in my mouth, cramps, discouragement. Initially, everything I ate I vomited. I thought I had hepatitis, anemia, or some viral disease. I never imagined that I had chronic kidney disease.

Finding out that they had chronic kidney disease became a traumatic moment, which led them to "disbelieve" in what was happening.

This was because during their lives, they had been considered healthy people, and thus, this situation became an unknown experience. They considered this process as a hard and difficult situation to deal with, yet also described it as "for life." MCV said:

I had never undergone any surgery or suffered a fracture, so having to lead a difficult life and becoming aware of it at a moment's notice was a new, strange, peculiar experience to me, of course, something I had never imagined.

3.6 Being present and not seeing it

CKD becomes a battle against time. The disease announces its presence by sending alerts that are not detected early. Therefore, the diagnosis for participants was delayed for when the disease had been definitively established. MR noted:

That was hard, I was born with only one kidney and I just realized that at the age of 50... they performed examinations and found that I was born with only one kidney and I was working like a toad, slow, slow and that was hard... I was arriving late... That was how my battle began. It has been hard.

This problem had been present for a long time and warnings were presented, but they were not able to detect the warning signs.

The presence of associated diseases as possible triggering causes of this one are unknown and, only when they are evaluated by the doctor or undergo laboratory tests and receive the diagnosis do they try to establish the association between symptoms and the disease. Participants became aware of these symptoms after their diagnosis, but due to lack of knowledge, they were unable to identify them.

EYC indicated:

I realized that the warnings were on, but I never paid attention. At that time, I remember that I drank alcohol on weekends and I did not feel like eating, I felt nauseous, I drank but I was not feeling well. "What's the matter?" "I do not feel like drinking, I do not know what's wrong with me, I have been feeling sick." I realized that this happened to me every now and then, but I did not notice anything else besides that.

3.7 Being young and sick

The young participants recognized age as a positive factor; it means that they have a lot of time to live. On the other hand, they perceived age as a factor that makes it difficult to take on their daily activities. They associated this with not being able to perform social activities appropriate for their age, such as going out to parties with friends, consuming alcohol, sightseeing, or going overseas. For example, VG explained:

One loses his youth... The phase at which people go out to drink or party... And I see my cousins, many of them are in the age that I started HD. They do different things, which I could not do... It is a phase that cannot be wasted... Young people want to go sightseeing... To enjoy the world...

At the same time, they had difficulty establishing social relationships with people of the opposite sex. They felt that, because they had this condition, no one paid attention to them and that they were not attractive enough to establish relationships that went beyond a simple friendship. This was why there were feelings of frustration, dissatisfaction, and rejection toward the disease and the treatment itself, leading them to states of depression. JIB said:

Sometimes I thought, "I am on dialysis to get a woman," but it is hard winning over a woman who looks at you like that. Besides, they are complicated, they use to say: "This sick guy..." I felt traumatized... depressed, and I used to think, "I'm so young and sick like this" I thought about many things.

3.8 Corporeality

The disease affects the corporeal form causing multiple transitions that must be resolved. In order to achieve this, it is important that there is a separation from the biomedical model, which approaches the body from the disease.

3.9 Body deterioration

CKD causes body deterioration, weight loss, changes the color of your skin, and abdominal bloating, which made participants feel insecure and fearful. They felt ashamed of their body,

which prevented them from establishing relationships with others. The disease became evident in all its magnitude since it converts the body into an instrument that makes it appear with all its intensity, consolidating its presence in their lives. As MVV described:

I was embarrassed when they looked at me... They used to ask me... “what’s wrong with you?” I was skinny and with a big belly, I was ashamed... I had been shy all my life... I used to think, “but why do they keep asking so much?” I did not feel like going out... I preferred to stay home.

3.10 Changes in sex life

Participants indicated that the disease affected their sex life. Feeling sick and being in treatment were factors that caused them to have difficulties in maintaining an active sex life. Their sex life changed, it simply reduced and they experienced a fear of not “functioning,” associating this with uremia, drugs, comorbidities, or the presence of the peritoneal catheter. This caused them distress and despair, in addition to the aggravation of not being able to express their feelings of the situation or seek help to solve it. AS noted:

Regarding the experience of having sex, one remains discouraged, the disease and many medications affect the erection... Then one tries to lead the marriage as good as possible, but it is not the same anymore... I know friends who have problems in that sense, they do not express it because these are intimate things, and these are manifested during conversations when there are meetings. Let’s consider that then these are expressed.

3.11 Materiality

Materiality means that things cannot be approached from the outside. On the contrary they need to be approached from the inside in terms of the type of presence that it has in dealing daily with them.

3.12 Effects on economic status

Participants’ statements allowed for an understanding of the economic impact of the disease, as having to leave work or being retired for disability decreased their income. In addition, the increasing costs of travel and the need to assume the costs of treatment led them to perceive the disease as a difficult situation to overcome. MCV said:

Leaving my job cost me a lot. I was working, having to leave my job was the hardest part for me. I should have been earning a better salary and now I have a low income... Then it hurts, I do not earn as much as I should... It has been the highest cost due to the disease, I had to become a pensioner.

3.13 Spatiality

In the experience of CKD, patients are not only part of the tangible space, but rather they invade the intangible space. This invasion makes them difficult to measure or establish limits since they are substantial aspects that constitute the plot of meanings attributed to the phenomenon of study.

3.14 Changes in life

The participants described the disease as “a splash of cold water.” The disease led to changes in their lives, making them abandon their plans, adjust their lifestyle, adapt to a new situation, assume a new treatment, and make decisions. They felt as if life was over and they must awake to a hard reality, experiencing it as a surprise. In many cases, their lives suffered a heavy blow because they were primary economic support for their family. All this led them to rethink their situation, causing a role change, which had an impact on their lives in the economic, social, and affective contexts. EP noted:

It is very hard... It's like when one is awake and someone else throws a bucket of cold water on him. What happened? Where do I start? Where do I go? What do I do? What am I going to do with my life? Should I go, stop or stay?

3.15 Sadness and depression

The disease affected participants' emotional condition and they referred to moments ranging from not knowing what to do to suicidal thoughts.

They had feelings of despair and sadness, which sometimes led them to think about committing suicide. However, through the perceived support, reflection, and medication, they managed to overcome these feelings and move on, accepting the disease.

Loneliness and depression were factors that worsened the feeling of helplessness and the desire to end up lives in order to end the suffering they were going through. MCV explained:

It was hard in the first 15 days... I tried to commit suicide, and that story “it only happens to others,” to want to die, it's true... I thought, “What now?” When I started to think about it, I decided to commit suicide. I opened the window on the second floor and was about to jump, but when I opened the window, I realized, “What am I doing? Forgive me, God.” No, and then I realized that I was wrong, I was depressed, mainly because I was alone.

4. DISCUSSION

Relationality allows for a reflection of how the person's relationships with others can influence the perception of the studied phenomenon, recognizing in the other the common and the social serves to give meaning to his life (Van Manen, 2014). In these data support, feeling tied, and terminal CKD take relevance in this existential.

Research results describe the importance of family and friends in caring for this disease in that that helps them move forward with their lives (Calvey & Mee, 2011; Nagpal et al., 2017). Patients perceive the treatment as the central and essential axis of the activities of daily life, awakening in them feelings of discomfort and anguish for which they feel trapped in their world and lose their self-sufficiency generating a dependence on others (Lin, et al., 2015; Monaro et al., 2014).

Temporality is the experience in time, not the time of the clock or a chronological time, but the time in which the phenomenon is experienced (Van Manen, 2014). The past is the "pre," the future the "coming," and the present the "now" (Heidegger, 1974); therefore the subtopics something unexpected, being present and not seeing it, and being young and being sick, are recognized in their temporality. An unexpected, evolving disease in which life transitions can occur is abstract and can be can be decisive in breaking the fragile line between health and disease (Caldas & Berterö, 2012). The abrupt appearance of the disease is reported in studies that consider that there may be a clash of the past with the present. This makes it difficult for patients to understand how they have reached this point. The diagnosis and treatment are perceived as sudden, overwhelming, and unknown, leading them to consider that this admission to dialysis was abrupt and unexpected (Gullick et al., 2016; da Cruz et al., 2016; Nagpal et al., 2017).

Being present and not seeing it, its manifestation in time, and the symptoms give clues that patients do not recognize due to ignorance. Some studies explain that anaemia, proteinuria, and oedema occur in CKD, but go unnoticed and are not, evidently, leading them to ignore their disease (Lin et al., 2013; Nagpal et al., 2017; Saunders et al., 2015). Those who are sick and young in age have the greatest difficulties in accepting changes in their self-image. This affects their social interaction, particularly due to the presence of catheters, arteriovenous fistula, and the inability to handle activities of daily living, all considered to be stressful factors (Kazemi et al., 2011).

Corporeity allows us to identify how the body experiences the phenomenon, becoming the way it is felt, perceived, and touched by the body (Van Manen, 2014). The deteriorated body and the alteration of sexual life are the subthemes that emerged around this existential corporality. In this category, this study described the deterioration of the body which influenced the lives of the participants. It led them to increased dependence, self-pity, depression, and changes in their state, in their needs and capacities that produced overload and deterioration in their quality of life (McQuoid et al., 2015; Niu & Liu, 2017). CKD and HD affect the sexuality of people significantly, increasing the impact it causes on those who suffer (Sabanciogullari et al., 2015). The descriptions from the participants of this study show how men and women experience loss of sexual interest, not only because of the disease and treatment, but also magnified by the presence of the peritoneal catheter (Al Nazly et al., 2013; Algarra et al., 2016).

In relation to materiality, we reflect on how "intramundane entities" (Heidegger, 1974) take on meaning in the analyzed phenomenon. This is how the impact on the economic situation is described. Al Nazly et al. (2013) found that the symptoms of the disease have a negative influence on working life. The disease itself produces limitations that cause a detrimental impact on patients' working life, leading them to financial difficulties. In many cases they are disabled, moving them away from work that can be a mechanism to continue feeling normal in their lives (Chiaranai, 2016; Cruz et al., 2016; Gullick et al., 2016).

With regards to spatiality, McQuoid et al. (2015) described as one that has Cartesian properties with universal coordinates and distances, but in this reflection, it is not physical space. On the contrary, it is delineated in the way that space takes meaning for the phenomenon studied (Van Manen, 2014). Heidegger (1974) explained, "the spatiality of man is something inherent in his bodily being ..." founded "on his corporeality" (p. 70). For that reason, it is taken as the meaning of a place or event within human experience. This raises related sub-themes, life changes, sadness, and depression. In this sense, several studies describe how people with CKD, especially young people experience shock, cholera, indignation, isolation, and depression in the face of the disease (Cruz et al., 2016; de Carvalho et al., 2012; Monaro et al., 2014). Others describe how they feel unable to perform their roles, restrictions on their lifestyle, and work changes affecting the balance between illness and normalcy, feeling that their life changes (Chatrung et al., 2015). The analysis around the existential allows for an understanding of the experience lived from a holistic view, where each of them become important aspects of life. The person experiences and

lives the disease as something unique and tries to build their reality around it, in a deeply personal and unique way (Van Manen 2014).

5. CONCLUSION

This study exposed how people are able to reveal their experience during interviews, describing significant aspects for them in the disease process. Existentiality allows patients with CKD to construct meanings around them that brings them closer to a reality that can remain hidden before the eyes of the nurses in charge of their care.

The meanings attributed to this experience allow researchers to recognize how CKD occurs unexpectedly and abruptly. It manifests itself in time so that patients indicate that there were signs, but these were ignored because they could still maintain their daily lives. Likewise, for young people, it is a point of breakdown in their life that hinders their social interactions and marks a social stigma for their own changes in their body image. The body can be damaged by the disease, transforming the view of how the person experiences his sick body.

The support of family and friends takes on a special meaning. Support is a way of moving forward with life, allowing those with CKD to face the dependence experienced because of the illness and treatment.

On the other hand, the fear of becoming a burden for their family and the fear of abandonment remains veiled for their family and social group, recognizing that they suffer from a chronic illness of a terminal nature.

Substantial changes occur in people's lives from the moment of diagnosis that lead them to rethink their lives, provoking feelings of depression, anguish, fear, and suicidal ideas that can be linked to the loss of control in their life. Having support, comfort and reflecting on this situation are important mechanisms to assume the disease with responsibility.

Disease and treatment have an economic impact; the inability to work, dependence, and becoming an economic burden leads them to lose the "normality" that they wish to experience in order to face the disease and treatment. It is important to design participatory education strategies, based on the individual needs of people with CKD, which can help mitigate the multiple changes and adjustments that must be made in their lives.

Strengthening in the nursing curriculum, specifically the component of caring for people in chronic situations, to favor the identification of populations at risk, increasing knowledge of prevention strategies of CKD, and applying specific protocols for the care of people in this condition would help with their care. In this research, the use of a phenomenologically hermeneutical approach based on Van Manen's theoretical proposal, and with the help of the existentials as interpretive guides, revealed meaning of the lived experience of people in chronic situations or in different situations of health or illness.

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6. REFERENCES

- Al Nazly, E., Ahmad, M., Musil, C., & Nabolsi, M. (2013). Hemodialysis stressors and coping strategies among Jordanian patients on hemodialysis: A qualitative study. *Nephrology Nursing Journal*, 40(4), 321–327. <https://doi.org/10.1080/13548506.2014.952239>
- Algarra, A., Salazar, N., Parra, K., da Cruz, V., Tagliamento, G., & Wanderbroocke, A. C. (2016). The maintenance of work life by chronic kidney patients in hemodialysis treatment: An analysis of the meanings of work. *Revista de La Sociedad Espanola de Enfermeria Nefrologica*, 25(2), 154–163. <https://doi.org/10.1590/S0104-12902016155525>
- Caldas, C. P., & Berterö, C. (2012). A concept analysis about temporality and its applicability in nursing care. *Nursing Forum*, 47(4), 245–252. <https://doi.org/10.1111/j.1744-6198.2012.00277.x>
- Calvey, D., & Mee, L. (2011). The lived experience of the person dependent on haemodialysis. *Journal of Renal Care*, 37(4), 201–207. <https://doi.org/10.1111/j.1755-6686.2011.00235.x>
- Chatrunga, C., Sorajakool, S., & Amnatsatsue, K. (2015). Wellness and religious coping among Thai individuals living with chronic kidney disease in Southern California. *Journal of Religion and Health*, 54(6), 2198–2211. <https://doi.org/10.1007/s10943-014-9958-4>
- Chiaranai, C. (2016). The lived experience of patients receiving hemodialysis treatment for end-stage renal disease: A qualitative study. *Journal of Nursing Research*, 24(2), 101–108. <https://doi.org/10.1097/jnr.000000000000010>
- Campos, C., & Turato, E. (2010). Tratamento hemodialítico sob a ótica do doente renal: estudo clínico qualitativo [Hemodialysis treatment as perceived by the renal patient: clinical qualitative study]. *Journal Brazilian de Enfermagem*, 63(5), 799–805. <http://dx.doi.org/10.1590/S0034-71672010000500017>
- da Cruz, V., Tagliamento, G., & Wanderbroocke, A. (2016). A manutenção da vida laboral por doentes renais crônicos em tratamento de hemodiálise: Uma análise dos significados do trabalho [The maintenance of work life by chronic kidney patients in hemodialysis treatment: an analysis of the meanings of work]. *Saúde e Sociedade*, 25(4), 1050–1063. <https://doi.org/10.1590/s0104-12902016155525>
- de Carvalho, M., Moreira, M., & Nunes, C. (2012). Estágios do pesar nos discursos de jovens em tratamento renal substitutivo [Stages of grief in the discourse of young people in renal replacement therapy]. *Revista Enfermagem*, 20(2), 203–208. <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/4052>

- dos Santos, F. K., & Valadares, G. (2013). Conhecendo as estratégias de ação e interação utilizadas pelos clientes para o enfrentamento da diálise peritoneal [Investigating the action and interaction strategies that patients use to cope with peritoneal dialysis]. *Escola Anna Nery*, 17(3), 423–431. <http://dx.doi.org/10.1590/S1414-81452013000300004>
- Ene-Iordache, B., Perico, N., Bikbov, B., Carminati, S., Remuzzi, A., Perna, A., & Remuzzi, G. (2016). Chronic kidney disease and cardiovascular risk in six regions of the world (ISN-KDDC): A cross-sectional study. *The Lancet Global Health*, 4(5), e307–e319. [https://doi.org/10.1016/S2214-109X\(16\)00071-1](https://doi.org/10.1016/S2214-109X(16)00071-1)
- Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209–230. <https://doi.org/10.1177/146879410200200205>
- Gill, P. (2012). Stressors and coping mechanisms in live-related renal transplantation. *Journal of Clinical Nursing*, 21(11–12), 1622–1631. <https://doi.org/10.1111/j.1365-2702.2012.04085.x>
- Gullick, J., Monaro, S., & Stewart, G. (2016). Compartmentalising time and space: A phenomenological interpretation of the temporal experience of commencing haemodialysis. *Journal of Clinical Nursing*, 26(21–22), 3382–3395. <https://doi.org/10.1111/jocn.13697>
- Heidegger, M. (1974). *Being and time*. (F. de cultura Economica, Ed.) Fondo de Cultura Económica.
- Kazemi, M., Nasrabadi, A., Hasanpour, M., Hassankhani, H., & Mills, J. (2011). Experience of Iranian persons receiving hemodialysis: A descriptive, exploratory study. *Nursing & Health Sciences*, 13(1), 88–93. <https://doi.org/10.1111/j.1442-2018.2011.00586.x>
- Lam, L. W., Lee, D., & Shiu, A. (2014). The dynamic process of adherence to a renal therapeutic regimen: Perspectives of patients undergoing continuous ambulatory peritoneal dialysis. *International Journal of Nursing Studies*, 51(6), 908–916. <https://doi.org/10.1016/j.ijnurstu.2013.10.012>
- Lin, C., Chen, M., Hsieh, H., & Chang, S. (2013). Illness representations and coping processes of Taiwanese patients with early-stage chronic kidney disease. *Journal of Nursing Research*, 21(2), 120–128. <https://doi.org/10.1097/jnr.0b013e3182921fb8>
- Lin, C., Han, C., & Pan, I. (2015). A qualitative approach of psychosocial adaptation process in patients undergoing long-term hemodialysis. *Asian Nursing Research*, 9(1), 35–41. <https://doi.org/10.1016/j.anr.2014.10.007>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.
- McQuoid, J., Welsh, J., Strazdins, L., Griffin, A. L., & Banwell, C. (2015). Integrating paid work and chronic illness in daily life: A space-time approach to understanding the challenges. *Health and Place*, 34(2015), 83–91. <https://doi.org/10.1016/j.healthplace.2015.04.001>
- Monaro, S., Stewart, G., & Gullick, J. (2014). A “lost life”: Coming to terms with haemodialysis. *Journal of Clinical Nursing*, 23(21–22), 3262–3273. <https://doi.org/10.1111/jocn.12577>
- Nagpal, N., Boutin-Foster, C., Melendez, J., Kubiszeswki, P., Uehara, K., Offidani, E., Faussett, Z., Chen, R., Redel, C., Waltrous, C., & Smith, B. (2017). Experiences of patients undergoing dialysis who are from ethnic and racial minorities. *Journal of Renal Care*, 43(1), 29–36. <https://doi.org/10.1111/jorc.12185>
- Niu, H., & Liu, J. (2017). The psychological trajectory from diagnosis to approaching end of life in patients undergoing hemodialysis in China: A qualitative study. *International Journal of Nursing Sciences*, 4(1), 29–33. <https://doi.org/10.1016/j.ijnss.2016.10.006>
- Palmer, S. C., Hanson, C. S., Craig, J. C., Strippoli, G. F. M., Ruospo, M., Campbell, K., Johnson, D. W., & Tong, A. (2015). Dietary and fluid restrictions in CKD: A thematic synthesis of patient views from qualitative studies. *American Journal of Kidney Diseases*, 65(4), 559–573. <https://doi.org/10.1053/j.ajkd.2014.09.012>
- Patton, M. Q. (2002). *Qualitative evaluation methods and research methods*. SAGE.

- Sabanciogullari, S., Yilmaz, F., Gngr, F., Sylemez, S., & Benli, R. (2015). Sexual function in patients with chronic renal failure on hemodialysis and its effects on patients' perception of health and life satisfaction. *Sexuality & Disability*, 33(2), 175–186. <https://doi.org/10.1007/s11195-015-9398-4>
- Saunders, M. R., Kim, S. D., Patel, N., Meltzer, D. O., & Chin, M. H. (2015). Hospitalized patients frequently unaware of their chronic kidney disease. *Journal of Hospital Medicine*, 10(9), 619–622. <https://doi.org/10.1002/jhm.2395>
- Schaepe, C., & Bergjan, M. (2015). Educational interventions in peritoneal dialysis: A narrative review of the literature. *International Journal of Nursing Studies*, 52(4), 882–898. <https://doi.org/10.1016/j.ijnurstu.2014.12.009>
- Van Manen, M. (2014). *Phenomenology of practice: meaning-giving methods in phenomenological research and writing*. Left Coast Press.

CONSTRUCTION OF AN INTERVENTION PROPOSAL FOR PROFESSIONALS TO ADDRESS INTIMATE PARTNER VIOLENCE AMONG ADOLESCENTS IN BRAZIL

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Abstract. The intimate partner violence (IPV) among adolescents needs to be addressed by primary health care services and others that may, in partnership with the health care network, also be responsible for coping with IPV, such as Non-Governmental Organizations. This study aims to construct an intervention on coping with adolescent IPV and to describe the advantages of using software for qualitative data analysis for the development of this proposal. This is a study with a qualitative approach conducted with primary health and Non-Governmental Organizations professionals in Curitiba and São Paulo, Brazil. We performed data collection through two sessions of a critical-emancipatory workshop and supported by webQDA. The results show that the workshop could be a potent intervention to address adolescent IPV, due to its possibility of being implemented in different areas and realities. The webQDA use showed advantages as the systematization of data and the identification of the documentary source.

Keywords: Adolescent,; Intimate Partner Violence, Gender and Health, Qualitative Research.

1. INTRODUCTION

Intimate partner violence among adolescents (IPV) refers to behavior in intimate relationships that taunt physical, sexual, or psychological damage, through acts of physical aggression, sexual coercion, psychological abuse, or control between adolescents aged 10 to 19. Internationally, it is a phenomenon present in different cultures, social groups, ethnicities and social classes (Mumford et al., 2018). International studies present data that corroborate the phenomenon importance. For example, Lormand et al. (2013) found that among 950 adolescents in the United States of America, more than 50% suffered some form of violence in the affective and/or sexual relationship, and one in five reported being physically assaulted by their partner. In this country, the national percentage of adolescent IPV victimization ranged from 4% to 11%, according to the report on intimate partner violence conducted by the Centers for Disease Control and Prevention in 2017 (Jain, 2017). Another US survey of 261 adolescents found that physical or sexual IPV was twice as common among adolescent women as men (Mumford et al., 2018).

Portuguese studies corroborate the international reality. A survey of university students revealed 15.5% victimization rates and 21.7% of IPV perpetration (Caridade & Machado,

2008). Beserra et al. (2016) found that 5.9% of respondents were involved in IPV situations presenting different patterns of victimization.

IPV's occurrence is related to a high number of mental and emotional disorders and a decreased quality of life. Conditions entail significant costs for families, society, the judiciary, the penitentiary, and health care systems. Besides the extreme situations, which usually bring violent processes to public knowledge, violence occurs in a veiled and naturalized manner between social, family, institutional, and community relations (Oliveira et al., 2016). That is why its addressing need invests in the health field, mostly in Primary Health Care (PHC), especially due to its insertion in the territory, the proximity of the households, and the ease of contact with the population. When it comes to violence, these elements may favor the early detection of cases (Egry et al., 2017).

The adolescent life period demands differentiated action by health professionals intending to make adolescents the protagonists of their health, favor the creation of bonds, and building integral care (Vieira et al., 2016). However, studies indicate that health practices directed at the adolescent population are not prioritized in PHC services and show little resolution (Alves et al., 2016; Santos et al., 2012).

In Brazil, adolescent IPV is a problem of high significance (Lourengo et al., 2019). Even so, we identified a gap in the knowledge produced on this topic in the country. Vieira et al. (2016) reviewed the Brazilian collection of health dissertations and thesis produced between 1994 and 2014. They identified 19 papers that dealt with the performance of the health team to confront any form of violence involving adolescents. The main research topic was intrafamily violence (15 studies), but no study addressed adolescent IPV. It is noteworthy that the practices found by these studies focused on the biological and medicalizing dynamics of identification and resolution of clinical problems.

Santos et al. (2012) argue that overcoming this fragmentation can be achieved when health practices consider the needs that lead to new challenges for adolescents. Hence, the PHC makes it possible to overcome fragmentation, as it allows the choice of adolescent health to be one of the primary focuses in their practices. Yet, Penso et al. (2013) report limitations regarding adolescent care, such as the language conflict, the difference between the professional and adolescent sexes, besides the existence of cultural conflicts.

Also, professionals who work with adolescents in PHC may feel unmotivated due to the difficulties faced in the implementation of health actions.

On the other hand, Anhas and Castro-Silva (2017) point out that Non-Governmental Organizations (NGOs) create a relevant partnership with health services as health-promoting spaces. Since the expansion of the neoliberal tendency that also determined the conduct of public policies aimed at the adolescent population in 1980, Brazil has grown the participation and implementation of projects carried out by NGOs that present as private non-profit entities capable of managing their activities voluntarily (Pasquim et al., 2016).

The potentiality of the articulation of NGOs projects with PHC is highlighted, for example, in the mutual action for the development of interventions that allow adolescents autonomy and interference in their health-disease process (Anhas & Castro-Silva, 2017). Thus, the inclusion of these institutions is necessary to achieve the development of structured networks in community spaces capable of acting in situations of adolescent IPV. Other researchers, observing the significance with which different forms of violence victimize adolescents, points out the need for intersectoral public policies that focus on the formation of human resources committed to the full protection of those most susceptible to violent contexts (Oliveira et al., 2016).

The research question that guides this study is: What are the possibilities to address adolescent IPV in the perception of health professionals and related areas, such as NGO? We justified this study by the need for cogent interventions to effectively cope with adolescent IPV. It aims: (a) to construct an intervention proposal directed at health professionals and non-governmental organizations professionals on coping with adolescent IPV; and (b) to describe the advantages of using software for qualitative data analysis for the development of this proposal.

2. METHOD

This is an exploratory and descriptive study with a qualitative approach. Qualitative research applies to the study of history, representations, and relationships that are the product of the interpretations that human beings make about how they live, feel, and think. It can incorporate the question of meaning and intentionality as inherent to social acts, relationships, and structures (Minayo, 2013). This research is exploratory as it intends to

provide an overview of a certain fact little explored, and descriptive, since it allows describing the relations of a certain population with the studied phenomenon (Gil, 2019).

This research follows as a theoretical milestone the Theory of Praxis Intervention of Nursing in Collective Health (TPINCH), inscribed under a materialistic, historical, and dialectical reference. The theory is directed to the research and praxiological nursing intervention in the collective health-disease process and presents the following systematizing steps: (a) capture of objective reality; (b) interpretation of objective reality; (c) construction of the intervention project in objective reality; (d) intervention of objective reality; and (e) reinterpretation of objective reality. For the construction of the intervention proposal described in the present study, the first two stages of TPINCH were attended and dedicated, above all, to the recognition and understanding of social phenomena (Egry, 1996).

We conducted the study in the cities of Curitiba and São Paulo, capitals of the states of Paraná and São Paulo in Brazil. In the city of Curitiba, the scenarios were PHC services of two administrative regions and an NGO in one of these regions. In São Paulo, the research scenarios were a PHC service and an NGO of the same territory. In both cities, the Non-Governmental Organizations carried out social assistance, education, sports, theater, music, digital inclusion, and vocational courses with low-income adolescents from 12 to 18 years old.

Participants were professionals who work with the health care of adolescents in the PHC services and professionals who work with adolescents in the NGOs. We performed data collection through two sessions of a critical-emancipatory workshop (CEW). CEW is a strategy that leads a process of collective construction of knowledge, based on the problematization method, critical-emancipatory education, and emotions as knowledge builders (Fonseca et al., 2017).

The CEW method is based on four assumptions. The first is participation, characterized as the positioning guarantee of all participants, according to their responsibility in the process. The second assumption is shared responsibility, which refers to the participation and division of responsibilities of liens and bonuses resulting from initiatives developed and implemented from the CEW. The third assumption is self-esteem, understood as the valuation attributed to oneself. Self-esteem comes from living with peers and other subjects in the spaces of development of social relations. The last assumption is empowerment and is described as the ability to make a responsible and conscious decision about the consequences of the

decision. From this, the subjects increase control over their lives concerning group life, to change certain reality about their social and political dimension (Fonseca et al., 2017).

The CEW method is innovative for collecting and analyzing data in research and for nursing intervention, as it allows articulating knowledge from theory and population practice represented by the most diverse participants. It is also potent when used to qualify professionals, since it aims to offer participants an understanding of their pedagogical process, to equip them to work with the population (Fonseca et al., 2017). Each CEW session in this study was structured from the different moments proposed by Fonseca and colleagues (2017):

1. Warm-up: The development of an activity that aims to mobilize the group of participants for the other moments of the CEW, also to strengthening interpersonal relationships. It is important to highlight that the heating techniques are linked to the dynamics and the theme developed in the CEW.
2. Individual Reflection (development): This strategy is developed from the experience, lived or observed, by participants during the previous stage of the CEW. It is represented by facilitating techniques.
3. Group reflection (development): This stage is developed from the individual exposition of each participant, to foster the general discussion and, from it, the synthesis.
4. Summary: This is the summary and analysis of the relevant topics developed in previous moments by CEW participants. It is followed by the presentation of new knowledge produced from the lived experience of the CEW.
5. These four moments are fundamental to the construction of the final product, that is, the meaning of the moments of individual and group reflection. They concern any transformations that occurred during the CEW process. For this reason, the CEW developed as a qualitative data collection strategy aimed to understand the perceptions and practices of health professionals and related areas about violence between intimate partners in adolescence.

Each session was three hours long and took place between November 2016 and August 2017. The CEW was conducted from a pre-defined script that had before been pilot tested. In Curitiba, 34 professionals participated, of which 25 were from the health team (eight nurses, three dental surgeons, one nursing assistant, two nursing technicians, one oral health assistant, three physical educators, two physical therapists, three doctors, and two psychologists) and nine from the NGO (one social worker, three social designers, one pedagogical coordinator, and three teachers). In São Paulo, 21 professionals participated and, of these, 10 were from the health team (three nurses, one dental surgeon, one nursing

technician, one doctor, two Community Health Agents, one social worker, and one pharmacy technician) and 11 from the NGO (one social worker, two pedagogical coordinators, four teachers, and four assistant directors). The research coordinator moderated sessions. The participants' speeches were audio-recorded, fully transcribed, and analyzed according to Bardin (2011) for the emergence of the empirical category. We used WebQDA software as support for the qualitative analysis of the data, due to its relevance in analysis and organization support for the of non-numerical and unstructured data (Souza et al., 2011).

We analyzed data from the analytical categories gender and generation, because IPV and the practices of workers directed at this phenomenon can be better comprehended in the light of those categories. The gender category is based on the difference between the sexes, an indispensable element of social relations. It is considered as a primordial component for the construction of meanings about the power relations between men and women, men and men, and women and women. It attempts to understand the social roles occupied by each of these subjects (Scott, 1995). The generation category determines the space occupied by different generations in the societies in which they operate and in what ways such generations experience the events and social phenomena of each territory. It goes beyond an aged concept; the generation category marks the social status of groups by the political and ideological similarities that differentiate them from others (Egry et al., 2013).

This research was approved by the Research Ethics Committee of the School of Nursing of the University of São Paulo and by the Ethics Committees in municipal research of Curitiba and São Paulo.

3. RESULTS AND DISCUSSION

We performed the codification process using WebQDA. We created sources for each CEW session performed, using the internal source import tool, based on all data collected and transcribed. After exhaustive readings of the transcripts, we selected and encoded in free codes, counting five codes which housed 76 excerpts of speeches, the information that answered the research question. After successive readings of data encoded in free codes, it was possible to establish the hierarchical coding process using the tree codes tool, which represented the empirical category: The evaluation of CEW as a potent intervention in different spaces. The coding also allowed the construction of four subcategories: 1) Intervention possibilities to adolescent IPV; 2) The approach of professionals to the theme; 3) The CEW model as a powerful intervention; and 4) Workshop evaluation.

During the analysis, we also used the third type of code provided by webQDA, the descriptor codes. We created these to characterize all CEW participants in seven different variables and provide for the crossing of interpretative information and description of participants. We used the questioning tool to answer questions asked by the researcher to the data already encoded, specifically concerning the strengths of the performed CEW.

The data analysis, supported by webQDA, shows that CEW could be a potent intervention in the adolescent IPV reality. Its implementation possibility in different areas and realities to face violence were reported by health and NGO workers in both investigated cities:

It is an exchange of ideas and a strengthening for workers because we understand that we speak the same language and we are committed to address the problem. To achieve that we need to work together because we won't be able to face it all alone. (health professional of São Paulo)

I think [the CEW] was a way that let us become aware of the adolescent IPV problem in our neighborhood. To reflect on what happens here and [pause] look at the number of things that are still missing to confront it. Today I'm thinking "wow, this happens, it's our reality and what can we do? We need to act!" (NGO professional of Curitiba)

In CEW beginning each one had a vision, had an idea of how to solve the problem, and by start sharing these ideas we could see news approaches that we didn't see before. (health professional, São Paulo)

The results showed that participants consider that they need to be targets of interventions before the prioritization of actions directed at adolescents. With this experience, they can qualify for the development of specific action for the adolescent population enrolled in the territory of the service. A female participant who works in a health services, for instance, noted:

We need training and professional development to conduct actions to address adolescent IPV. We need to talk about it, think about it, and be prepared to talk about it with the teenager. Today we understood that we need to develop our sensitivity to approach the teenager and then to understand all their needs, besides the physical ones. (health professional, Curitiba)

A similar perspective was reported by an NGO worker:

We saw such a good workshop result. The first step to achieve adolescent IPV prevention is to share this knowledge with all staff that works with teenagers so they can develop their skills and achieve a good result too. (NGO professional, São Paulo)

In this study, the participants' statements highlighted their lack of strategies to build a collective construction of knowledge based on the identification of the needs of each territory. One participant described:

For me, [the CEW] it is interesting because even though I have been a teacher for a long time, I never had any training in this subject [adolescent IPV]. To face this [pause] I had to go a lot on instinct, so it's cool when you learn. (NGO professional, São Paulo)

Thus, the results showed that professionals consider that they need to be the target of interventions so that, armed with this experience, they qualify for the development of specific action for the adolescent population assigned to the service in which they work. The intervention proposal described in this paper is justified to be directed to health professionals and professionals in related areas, such as NGO, to stimulate the process of shared responsibility between these services, articulated for the real transformation of the territory on coping with adolescent IPV.

Thus, we developed an interventional CEW proposal to address adolescent IPV, entitled: "Violence between adolescent intimate partners: towards intervention in reality." The contents are related to the theoretical, philosophical, and methodological framework adopted in the study (i.e. (a) the objective reality and the adolescent as the social subject; and (b) the social determination of violence and violence between intimate adolescent partners; (c) gender, and generation as categories for the understanding of adolescent IPV; (d) basic concepts of emancipatory critical education).

The CEW proposal aims: 1) discuss the concepts that underlie adolescent IPV in the vision of Collective; 2) know the basic principles of participatory intervention for coping with adolescent IPV and 3) collectively construct an intervention to address adolescent IPV in the territory considered. The contents of the proposal are addressed through specific active strategies during four sessions, totalizing 12 hours.

The contents of each session are details in Table 1.

Table 1. *Critical-Emancipatory Workshop “Violence Between Adolescent Intimate Partners: Towards Intervention in Reality”*

Session 1 (3 hours): The dynamics of the territory and the social subjects		
Specific aims:		
1) Discuss what objective reality is in its different dimensions and the specificities of the territories where social subjects live.		
2) Know the general characteristics of adolescent social subjects in the territories in which professionals work, differentiating them according to gender, generation, social class, and race/ethnicity.		
Moment	Content	Strategy/material
Introduction (30 minutes)	1. Elaboration of the badge 2. Presentation of the coordinators 3. Presentation of participants - Nice to meet 4. Presentation of the workshop: purposes, objectives, and explanation of the activities.	Presentation of the participants. Material: printed matter, workshop brochure, pens, ID badges; sulfite paper of various colors.
Warming up (10 minutes)	“The history of the rainbow” The division into 4 groups	Storytelling
Development (70 minutes)	“All in the same boat: The world we live in, what is this world?” (Individual representation about the territory, the social subjects that compose it and the relationships established between men, women, adults, adolescents, children, rich, poor)	Instruction: ask people to build a boat that represents society, name the characteristics of this reality, put people in it, specifying who they are, what they do, how they live, how they relate. Individual reflection, group reflection, and plenary presentation Material: Colored crepe paper, glue, scissors, cardstock, fabric, toys.
Synthesis (60 minutes)	The geopolitical territory in which life and health are produced, generating distinct needs and vulnerabilities according to social groups, especially adolescents. (to support the discussion: analysis of the concepts of adolescence and intimate relationships based on public health references)	Dialogue exhibition Material - Computer, Multimedia, papers, textbooks.
Evaluation (10 minutes)	Workshop partial assessment	Individual statement about what you think about the session
Session 2 (3 hours): Adolescent IPV and its interface with gender and generation issues: a social construct		
Specific aims:		
1) Identify and reflect on violence as a phenomenon determined according to social categories, especially gender and generation.		
2) Broaden the view of professionals about adolescent IPV as a social problem to be faced by different social sectors.		
Moment	Content	Strategy/material
Introduction (05 minutes)	Reception of participants and information about session activities	Participant’s welcome
Warming up (30 minutes)	Pinote the weak and Janjão the big guy.	Storytelling
Development (90 minutes)	Violence and adolescent IPV in the same social boat Groups 1 and 2: The violence present in our daily lives Characteristics of violence in the	Instruction: a) groups 1 and 2 - what happens in the boat that can generate violence between people? What are the characteristics and types of violence? Why do they occur? What is the cause of this violence?

	daily life of the territory (Panel with objects - individual representation followed by the group). Preparation of a list of the main violence that occurs in the territory.	b) Groups 3 and 4 - considering the adolescents in the boat, which generates adolescent IPV, what types of adolescent IPV occur, why do they occur, and what causes this violence?
	Groups 3 and 4 Seeing and Living Teen IPV (role play of 2 received cases).	Material: sulfite paper, objects, story text, clothing, and other small accessories for role play.
	(to support the discussion: analysis of the concepts and criteria for identifying gender violence, dating violence and intimate partner violence based on public health references)	Presentation Dynamics: 1. Non-participation of actors in the presentation of characteristics 2. While the role plays are performed, participants should recognize the features listed there.
Synthesis (45 minutes)	Adolescent IPV and its interface with gender and generation issues: a social construction	Dialogue exhibition. Material - Computer, Multimedia
Evaluation (10 minutes)	Workshop partial assessment	Individual statement about what you think about the session
Session 3 (3 hours): Coping with Adolescent IPV: Possibilities for Educational Intervention through Critical-Emancipatory Workshop - Part 1		
Specific aims: 1) Discuss the use of CEW as a theoretical-methodological modality for intervention in adolescent IPV. 2) Know the general principles of conducting a CEW.		
Moment	Content	Strategy/material
Introduction (10 minutes)	Reception of participants and information about session activities.	Whisper with matches
Warming up (10 minutes)	"The complicated art of seeing"	Reflect on the text that is read aloud by many people
Development (90 minutes)	Group 1 : Educate for health: why and for what? Representation with paper sculpture Group 2: Workshop: what is it? Representation with sewing fabrics, threads, and props Group 3: What are the main characteristics of a Workshop? Representation with magazine clippings Group 4: Why do Workshop to deal with adolescent IPV? Modeling representation Presentation and synthesis of group work	Individual and group reflection on the works Elaboration of written responses for exhibition (poster on poster board) Materials: cardboard, pens, modeling clay, fabric, yarn, magazines, papers, textbooks.
Synthesis (60 minutes)	"Workshops as a privileged space for intervention in Collective Health education" (to support the discussion: analysis of the concepts of emancipatory education by Paulo Freire)	Dialogue exhibition based on the elements brought by the groups
Evaluation (10 minutes)	Workshop partial assessment	Individual statement about what you think about the session
Session 3 (3 hours): Coping with Adolescent IPV: Possibilities for Educational Intervention through Critical-Emancipatory Workshop - Part 2		
Specific aim: 1) Instruct participants to use the workshop for intervention in coping with adolescent IPV. 2) Build a CEW to address a teenage IPV situation.		

Moment	Content	Strategy/material
Introduction (10 minutes)	Reception of participants and information about session activities.	Welcome to the participants
Warming up (10 minutes)	“Expectations for Today”	Wrinkled paper
Development (110 minutes)	Plan the Workshop, identifying its main constituent elements and using the problem situation triggered * The group should appoint a rapporteur to present the product developed. Presentation and synthesis of group work	Instruction for group exercise (participants will receive at CEW)* Material: cardstock, magazines, colored paper, pens, crayons, colored pencils, computer and multimedia Dialogue exhibition
Synthesis (30 minutes)	“The Workshop as an intervention and the challenge for its execution”	Dialogue exhibition based on the elements brought by the groups
Evaluation (20 minutes)	Workshop evaluation and closing	The tree of knowledge (Fonseca, Amaral, 2012)

This proposal corroborates what is pointed out in a systematic review on interventions for coping with adolescent IPV, the urgency to broaden the gender approach to conduct interventions, and to reflect on the results, especially to overcome the problem of naturalization of adolescent IPV. The study identified the need to qualify those who work with adolescents to cope with adolescent IPV. However, findings warn that qualifications based on traditional education, which aims only to present the intervention in a watertight manner, without enabling the collective construction of content, can limit the possibilities of success, as such qualifications do not allow the professionals to participate reflexively and critically in this process (Lourenço et al., 2019).

Thus, we highlight the potentiality of the intervention presented in this study. The analysis of the speeches revealed the positive opinion of professionals about the CEW proposal as a form of training. Participants identified the CEW proposal as capable of promoting knowledge about adolescent IPV and favoring debates about the work process focused on this issue and the possibilities of coping. The participants also highlighted the possibility of sharing and exchanging experiences about the adolescent IPV phenomenon, exempt from any judgements, as another potentiality of the proposed intervention.

The intervention represents a moment for changing the routine, which often overloads workers. The participants justify this pause as essential for the recognition of the importance of adolescent IPV and, thus, for the development of their work process. The CEW proposal favors the critical-reflective process on adolescent IPV.

This can be exemplified by the statements of participants who shared that after CEW they felt able to identify situations of IPV that before they were unaware. Additionally, participants reflected that coping with adolescent IPV is done with actions that go beyond the use of medications. Egry et al. (2017) point out that by adopting the emancipatory critical methodology, it is estimated that the participant, from the recognition of his reality, transforms this reality from unknown to known.

Regarding webQDA software, it is important to highlight that we used it to support the qualitative data analysis, due to its relevance in supporting the organization for the analysis of non-numeric and unstructured data (texts, audios, videos, and itavimages) (Souza et al., 2011). The use of the WebQDA software has the following advantages. First, it allows for the systematization of data and the identification of a greater documentary source used for the construction of the intervention. This is because WebQDA can accommodate, in addition to the participants' speeches, the entire set of data produced in the CEW. Second, it covers activities developed by participants, observation records of workshop sessions, field notes, and reflections of the researcher, as well as photographic and video record. Third, it optimized the time for data categorization, ensuring that we allocated more time to the stages of analysis and discussion. The use of data analysis software such as WebQDA includes the present study in a field of innovation, rigor, and systematization of qualitative research, since these resources are still little explored by health graduate programs in Brazil (Salvador et al., 2017).

This investigation has considerable value because it represents the first attempt to train professionals from different areas to face IPV between adolescents in Brazil. Nevertheless, it is also limited in some important ways. Most importantly, it is limited by the inclusion of only one scenario of the health sector in the city of São Paulo. Another limitation is the fact that its results have addressed, in most cases, the relationships between only heterosexual adolescents. In later studies, we intended to make the issue related to homosexual relationships more evident.

4. CONCLUSION

The proposed intervention is a strategy aimed at health services and non-government organizations on the professional qualification of an emancipatory nature on adolescent IPV. One of the strengths of the intervention is the possibility for professionals who pass through the qualification to develop their intervention to cope with adolescent IPV, considering the

specificities of the territories and groups of adolescents. The CEW method increases the ability for stereotypes and preconceptions about adolescent IPV to be reconstructed and others not to be perpetuated. The moment of the synthesis fulfills this role, which was showed by the participants' evaluations of CEW.

The use of webQDA software was essential for the development of this research, since it promotes the stringency in the systematization and organization of the speeches, essential for the emergence of empirical categories and for the time management in the analysis process. This ensured the reliability of the data analyzed considering the gender and generation categories.

5. REFERENCES

- Alves, M. J. H., Albuquerque, G. A., Silva, A. S., Belém, J. M., Nunes, J. F. C., & Leite, M. F. (2016). Fatores envolvidos na adesão de estudantes adolescentes à Estratégia Saúde da Família [Factors involved in the adherence of adolescent students to the Family Health Strategy]. *SANARE*, 15(2), 37-46. <https://sanare.emnuvens.com.br/sanare/article/view/1036/582>
- Anhas, D. de M., & Castro-Silva, C. R. (2017). Sentidos atribuídos por adolescentes e jovens à saúde: Desafios da saúde da família em uma comunidade vulnerável de Cubatão, São Paulo, Brasil [Meanings attributed by adolescents and young people to health: Family health challenges in a vulnerable community in Cubatão, São Paulo, Brazil]. *Saúde e Sociedade*, 26(2), 484–495. <https://doi.org/10.1590/s0104-12902017169735>
- Bardin, L. (2011). *Content Analysis*. Edições 70.
- Beserra, M. A., Leitão, M. N. da C., Fabião, J. A. da S. A. de O., Dixe, M. dos A. C. R., Veríssimo, C. M. F., & Ferriani, M. das G. C. (2016). Prevalence and characteristics of dating violence among school-aged adolescents in Portugal. *Escola Anna Nery - Revista de Enfermagem*, 20(1), 183-191. <https://doi.org/10.5935/1414-8145.20160024>
- Caridade, S., & Machado, C. (2008). Violência sexual no namoro: Felevância da prevenção [Sexual violence in dating: Relevance of prevention]. *Psicologia*, 22(1), 77-104. <http://www.scielo.mec.pt/pdf/psi/v22n1/v22n1a04.pdf>
- Egry, E. Y. (1996). *Saúde coletiva: construindo um novo método em enfermagem* [Public health: building a new method in nursing]. Ícone.
- Egry, E. Y., Fonseca, R. M. G. S. da, & Oliveira, M. A. de C. (2013). Ciência, saúde coletiva e enfermagem: Destacando as categorias gênero e geração na episteme da práxis [Science, collective health and nursing: Highlighting the gender and generation categories in the episteme of praxis]. *Revista Brasileira de Enfermagem*, 66(spe), 119-133. <https://doi.org/10.1590/S0034-71672013000700016>
- Egry, E. Y., Apostólico, M. R., Pereira, T. C. M., Carapiá, C., & Lisboa, R. (2017). Coping with child violence in primary care: How do professionals perceive it? *Rev Bras Enferm*, 70(11), 113-119. <https://doi.org/10.1590/0034-7167-2016-0009>
- Fonseca, R. M. G.S., Oliveira, R. N. G., & Fornari, L. F. (2017). Prática educativa em direitos sexuais e reprodutivos: A oficina de trabalho crítico-emancipatória de gênero [Educational practice in sexual and reproductive rights: The gender-critical emancipatory workshop]. In *PROENF – Programa de Atualização em Enfermagem: Atenção Primária e Saúde da Família: Ciclo 6*. Porto Alegre: Artmed.

- Gil, A. C. (2019). *Methods and techniques of social research*. Atlas.
- Jain, M. (2017). The national intimate partner and sexual violence survey: 2010-2012 state report. Retrieved from Centers for Disease Control and Prevention website: <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>
- Lormand, D. K., Markham, C. M., Peskin, M. F., Byrd, T. L., Addy, R. C., Baumler, E., & Tortolero, S. R. (2013). Dating violence among urban, minority, middle school youth and associated sexual risk behaviors and substance use. *Journal of School Health*, 83(6), 415-421. <https://doi.org/10.1111/josh.12045>
- Lourenço, G. R., Fonseca, R. M. G., Fornari, L. F., & dos Santos, D. L. A. (2019). Community interventions related to intimate partner violence among adolescents: Scope review. *Rev Bras Enferm [Internet]*, 72(1), 277-286. <https://doi.org/10.1590/0034-7167-2018-0586>
- Minayo, M. C. S. (2013). The challenge of knowledge: Qualitative research in health. Hucitec.
- Mumford, E. A., Taylor, B. G., Liu, W., & Giordano, P. C. (2018). Dating relationship dynamics, mental health, and dating victimization: A longitudinal path analysis. *Journal of Research on Adolescence*, 29(3), 777-791. <https://doi.org/10.1111/jora.12415>
- Oliveira, R. N. G. de, Gessner, R., Souza, V. de, & Fonseca, R. M. G. S. (2016). Limites e possibilidades de um jogo online para a construção de conhecimento de adolescentes sobre a sexualidade [Limits and possibilities of an online game to build adolescents' knowledge about sexuality]. *Ciência & Saúde Coletiva*, 21(8), 2383-2392. <https://doi.org/10.1590/1413-81232015218.04572016>
- Pasquim, H. M., Campos, C. M. S., & Soares, C. B. (2016). Projetos voltados aos jovens em instituições sociais: Atividades fragmentadas e desresponsabilização do poder público [Projects aimed at young people in social institutions: Fragmented activities and public responsibility]. *Saúde e Sociedade*, 25(1), 198-205. <https://doi.org/10.1590/S0104-12902015139991>
- Penso, M. A., Brasil, K. C. T. R., Arrais, A. R., & Lordello, S. R. (2013). A relação entre saúde e escola: Percepções dos profissionais que trabalham com adolescentes na atenção primária à saúde no Distrito Federal [The relationship between health and school: Perceptions of professionals who work with adolescents in primary health care in the Federal District]. *Saúde Soc*, 22(2), 542-553. <http://dx.doi.org/10.1590/S0104-12902013000200023>
- Salvador, P., Gomes, A., Rodrigues, C., Chiavone, F., Alves, K., & Bezerril, M. (2017). Use of software in qualitative health research in Brazil: a scoping review. In A. P. Costa, L. P. Reis, F. N. Souza, & A. Moreira (Eds.), *Computer supported qualitative research* (pp. 306-315). Springer. https://doi.org/10.1007/978-3-319-61121-1_26
- Santos, A. A. G., Silva, R. M., Machado, M. F. A. S., Vieira, L. J. E. S., Catrib, A. M. F., & Jorge, H. M.F. (2012). Sentidos atribuídos por profissionais à promoção da saúde do adolescente [Meanings attributed by professionals to the promotion of adolescent health]. *Ciênc Saúde Coletiva*, 17(5), 1275-84. <http://www.scielo.org/pdf/csc/v17n5/a21v17n5.pdf>
- Scott, J. (1995). Gênero: Uma categoria útil de análise histórica [Gender: A useful category of historical analysis]. *Educação & Realidade*, 20(2), 71-99. <https://seer.ufrgs.br/index.php/educacaoerealidade/article/view/71721>
- Souza, F., Costa, A., & Moreira, A. (2011). Questionamento no processo de análise de dados qualitativos com apoio do software [Questioning in the qualitative data analysis process with software support]. *EduSer-Revista de Educação*, 3(1), 19-30. <http://dx.doi.org/10.34620/eduser.v3i1.28>
- Vieira Netto, M. F., Deslandes, S. F., Vieira Netto, M. F., & Deslandes, S. F. (2016). As estratégias da saúde da família no enfrentamento das violências envolvendo adolescentes [Family health strategies in addressing violence involving adolescents]. *Ciência & Saúde Coletiva*, 21(5), 1583-1596. <https://doi.org/10.1590/1413-81232015215.145420>

USING RQDA IN QUALITATIVE DATA ANALYSIS: A TOOL FOR RESEARCHING CHRONIC PELVIC PAIN USING THEMATIC ANALYSIS

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Abstract. Computer-assisted qualitative data analysis software (CAQDAS) provides tools that help researchers develop qualitative research projects. These software packages support users with tasks such as transcription analysis, text encoding and interpretation, writing and annotation, searching, recursive abstraction, and data mapping, enabling the use of different methods (e.g., grounded theory) and analysis techniques (e.g., content analysis or discourse analysis). The choice of CAQDAS is directly related to the researcher's chosen methodological approach. The amount and variety of software available often makes the choice process difficult. In Brazil, the data on the use of CAQDAS is still scarce. Commercial software packages are more frequently cited. Open-source packages, like RQDA, are less popular. In this chapter, we present our experience with the use of RQDA to analyze the data from a qualitative study on chronic pelvic pain in women.

Keywords: Computer-Assisted Qualitative Data Analysis Software, RQDA, Thematic Analysis, Pelvic Pain.

1. INTRODUCTION

The field of qualitative research is characterized by different epistemological perspectives and methodological orientations, which often leads to intense academic debate (Ghedini & Franco, 2008; Merriam, 2007). To optimize the analysis of data derived from qualitative research, software packages, known in the literature as computer-assisted qualitative data analysis software (CAQDAS), have been widely used (Cope, 2014). CAQDAS emerged in the early 1980s and became popular in Europe and the United States, especially after the spread of personal computers in the mid-1990s. The first programs were designed to address specific projects, without a priori marketing purposes. They were installed in large computer terminals, in restricted environments and with little or no user-friendly interface. Researchers needed strong computer skills to use early CAQDAS. This resulted in barriers to access and to carrying out studies that depended on CAQDAS (Johnston, 2006; Kelle, 2007; Richards, 2002). At the same time as a growth in the demand for and use of CAQDAS by users or researchers, there is also a considerable increase in the diversity of software packages available in the market (Costa et al., 2016b).

A CAQDAS package assists users in different tasks, ranging from writing and annotation to complete data mapping, among other features (Costa et al., 2016a). As in other areas, CAQDAS packages are developed to offer feasible solutions that can meet the needs of the emerging research demands (de Souza et al., 2015). Currently, the market offers more than a dozen of these types of tools. Among the characteristics of CAQDAS-type software that contributed to its dissemination are that it: (1) enables users to deal with high data volume; (2) has features that allow the amount of time needed for coding and analysis to be reduced; and (3) provides the possibility of documenting the analytical process. There are also resources for presentation and visualization of the results obtained as well as the facilitation of the combination of data triangulation and methods. An important factor that has contributed to the expansion of the use of CAQDAS is the increasing demand for reliability in qualitative research. CAQDAS incorporate features that enable researchers to ensure the credibility and reliability of their work (Freitas et al., 2017), making the methodological needs required in qualitative structuring more robust and feasible (Costa & Minayo, 2018; Ribeiro et al., 2016).

The choice of CAQDAS application is linked to the researcher's methodological approach, but the amount and variety of software available often makes the choice process difficult. Ideally, the researcher should assess the needs of computer support for the specific techniques he or she intends to adopt for data analysis. Nonetheless, it is necessary to consider that all CAQDAS packages require an initial learning time, requiring dedication and possibly financial investment in technical training.

There are also tutorials available on the web that lead users through the software step by step, namely regarding RQDA (Huang, 2016). Except for free software, CAQDAS packages follow the license-based purchasing model, some of which are permanent and some for only a defined time. These variables allow a researcher to choose the license that best suits the demands of his or her job.

In Brazil, the pool of qualitative research using CAQDAS is still scant. However, this scenario is beginning to change, especially given the popularization of the use of computational resources and the internet in the academic environment. Presently, the most popular CAQDAS packages are NVivo® and Atlas.ti® (Lage, 2011).

The use of RQDA is still scarce, which may be explained by a lack of knowledge of its potentialities.

In a recent review, we found that about 40% of published qualitative studies on chronic pelvic pain used CAQDAS. Atlas.ti® and NVivo® were most often used (Mellado et al., 2019). Building from the scarcity of studies using RQDA in the academic environment, this chapter describes the functionalities of RQDA software that allow the analysis of qualitative data to be optimized. In this chapter, we seek to answer the following guiding question: How can RQDA software be used to optimize the process of analyzing qualitative data? To illustrate, we show the analysis of a doctoral thesis on qualitative research and chronic pelvic pain in women (Mellado, 2019).

2. OUR RESEARCH ON CHRONIC PELVIC PAIN

Before talking about our research on chronic pelvic pain, we present a brief explanation of the definitions of chronic pelvic pain provided by the literature. Pain is generally defined as being an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage (IASP, 2018). Chronic pelvic pain (CPP) in women is defined as chronic or persistent pain felt in pelvic structures for more than six months with continuous or recurrent pelvic pain, as well as symptoms suggestive of lower, sexual, intestinal, pelvic floor dysfunction or dysfunction gynecology in men and women (Engeler et al., 2020). Worldwide, CPP affects 3.8% to 24% of women, most of them at a reproductive age (Latthe et al., 2006). It causes suffering, incapability to work, and serious psychosocial and economic consequences (IASP, 2018). It is also frequently associated with a decrease in the quality of life of women specifically within personal, marital, and family spheres (Romão et al., 2009; Souza et al., 2011).

The successful clinical management of this condition is challenging for healthcare professionals, especially with regard to diagnosis and specific treatment of the primary cause of this chronic condition. However, in addition to the physical-pathological issue itself, a good prognosis for the disease requires affected women to receive mental and emotional support. As a result of their daily suffering, they often end up adopting their own strategies to deal with pain and its possible consequences (Peres & Lucchetti, 2010). These strategies are known in the literature as coping strategies and an understanding of them designates a substantial influence on the successful management of this debilitating condition (Aziato et al., 2015; Roomaney & Kagee, 2016).

Researchers started using qualitative research in the field of pelvic pain in 2013. Women with chronic pelvic pain develop a series of coping mechanisms beginning with the first emergence of symptoms (Aziato et al., 2015; Burbeck & Willig, 2014; Mellado et al., 2016; Roomaney & Kagee, 2016; Wong et al., 2016). Understanding these mechanisms is fundamental for planning the multidisciplinary care of women with this condition. Hence, the objective of our research was to understand the coping mechanisms of pain in women with chronic pelvic pain.

A multidisciplinary team carried out the project from March 2016 until March 2017. The project was approved by the Research Ethics Committee of the University Hospital of Ribeirão Preto Medical School, University of São Paulo, and was funded by CAPES (Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – Brazil). Our participants were 66 women assisted at the Endoscopic Gynecology and Pelvic Pain Outpatient Clinic (AGDP). This is a reference center for the care of women with chronic pelvic pain in the Regional Health Division of Ribeirão Preto, located in the northeastern area of the state of São Paulo, Brazil.

We gathered data using face-to-face individual interviews (Brinkmann & Kvale, 2018). The interviews were audio recorded with an MP3 recorder. They lasted an average of 20 minutes. To mediate the interviews, we used a central question that aimed to access and get closer to the story lived by women, “How do you deal with pain?” Once we transcribed the data, we moved to the analytical exploration of the data using qualitative thematic analysis (Clarke & Braun, 2014), with the support of the R-based qualitative data analysis (RQDA) software. Next, we present our analytical approach step-by-step, making the use of qualitative thematic analysis explicit with the tools available in RQDA.

3. THE USE OF RQDA SOFTWARE TO ANALYZE DATA IN OUR PROJECT

RDQA is an open-source R1 package for qualitative data analysis. The package is free to use and can be modified (BSD license). It works on Windows, Linux/FreeBSD, and Mac OS X platforms. RQDA is an easy-to-use tool to assist in the analysis of textual data. The current version only supports plain text formatted data. All information is stored in an SQLite

¹ R is a computational environment and a programming language that has been progressively specializing in data manipulation, analysis and visualization. It is available for different operating systems: Unix/Linux, Mac, and Windows.

database through the RSQLite R package. It includes several standard features of qualitative computer-assisted data analysis (e.g., coding, retrieving information, and queries). Also, it integrates seamlessly with R, which means that: (a) statistical analysis of coding is possible; and (b) functions for data manipulation and analysis can easily be extended by writing R functions. To some extent, RQDA and R form an integrated platform for quantitative and qualitative data analysis (Huang, 2016).

Despite the scarcity of literature regarding RQDA, it is possible to enumerate several potentialities to this software, presented in Table 1 below. Qualitative research tends to produce large amounts of interview transcripts, field notes, and other documents that, if not well managed, may make analysis lengthy and difficult. In this research, we used RQDA to organize and analyze the data in a more operational, systematic, and effective way. The documents generated from the interview transcriptions were extensive and contained a large diversity of information. The software helped us to replace the traditional method of operationalizing qualitative analysis using scissors, glue, paper, and colored pens to highlight the selected sections. Specifically, the software allowed us to work with data and categories in several ways, using thematic analysis. Next, we present this work according to its different phases.

Table 1. RQDA Potentials (based on Huang, 2016)

Features	Description
Document Type	Import plain text. Import PDF highlights, which is useful for managing literature content (rjpod dependent).
Edition	Support for non-English documents. Organize files into file categories. File editing after coding. Develop document, code, coding, project, file, and memos. Rename files, codes, code categories, and cases Write and organize fieldwork journals.
Data analysis	Character level encoding using codes. Arrange codes into code categories, which is critical to theory building. Encoding recovery, and easy return to the original file (to ease the segmentation problem). Conditional recovery is also supported. File search for keywords with keyword highlighting in the open file. Search for information about a selected case on the Internet through a pop-up menu. Calculate the relationship between two encodings, given the encoding indices. Get a summary of coding and inter-code relationships. Perform Boolean operations “and”, “or” and “no” for encodings, files or cases.

3.1 The Phases of the Work

In this section we will describe the different stages of our research, illustrating how we made use of RQDA along the way and since the preliminary stages of our work.

3.2 The First Contact with the Software

We adopted RQDA given that one of the team's researchers had had previous experience with it in Europe and the USA. We installed it on the notebook of both main researchers (BHM and FJCR) to share the analysis using a Google Drive folder. Researcher BHM encoded the data, and researcher FJCR was then able to follow and check the coding (see Phase Two: Coding the Data).

Use of a CAQDAS takes place in what Freitas and colleagues designate “the new paradigm of self-learning” (Freitas et al., 2017, p. 100). This is the case with RQDA. Using the software initially required us to consult the manual and watch the web video tutorials (<http://rqda.r-forge.r-project.org/>).

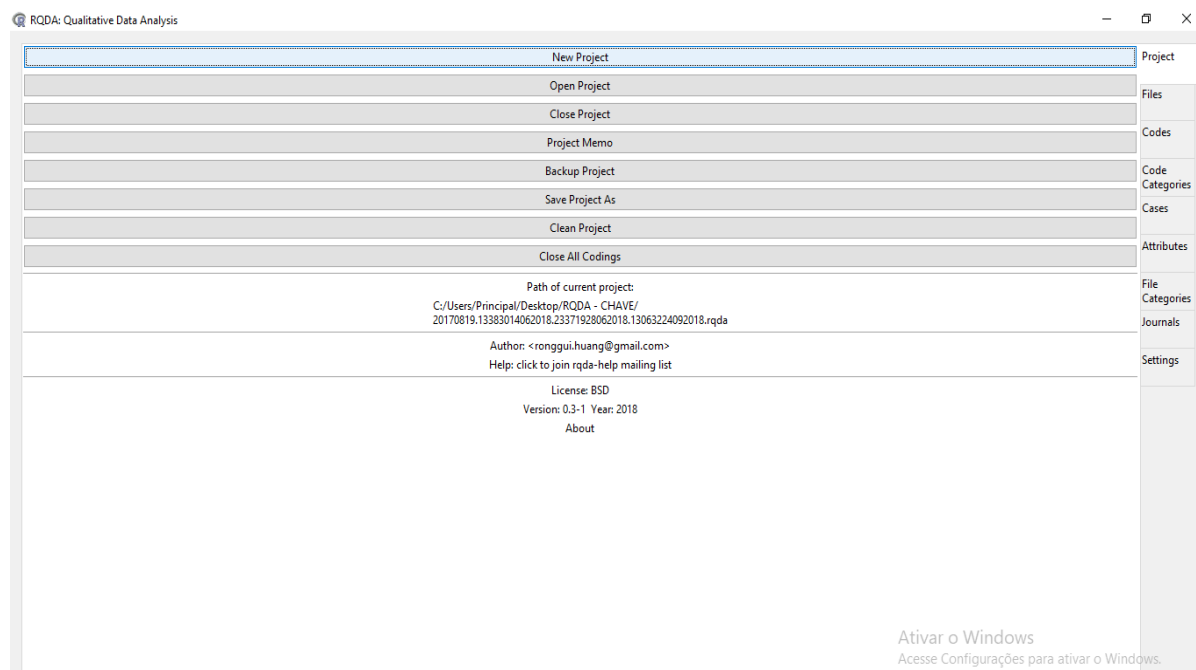


Figure 1.RQDA Software Opening Tab

At that moment, we were not able to find colleagues from the academic area with experience using the software.

On first impression, RQDA was not very intuitive. The learning process evolved gradually and continuously as we autonomously tried to understand its functionalities. Once familiarized with the way the software worked, we began data processing, a step that preceded the coding and interpretation of the collected data.

3.3 Phase 1: Preparing the Data

To start our project, when opening the software, we see the main program tab, as shown by Figure 1 above. To start, we click on “Project”; then “New Project.” In order for us to import the data into RQDA, we needed to translate them into *.txt (plain text format) which is an extension available in Microsoft Word.

After transcribing the audio of our interviews in full (which in thematic analysis corresponds to the phase of familiarization with the data), we saved them as plain text using a text editor, one file per interview. We then imported the texts into the new project.

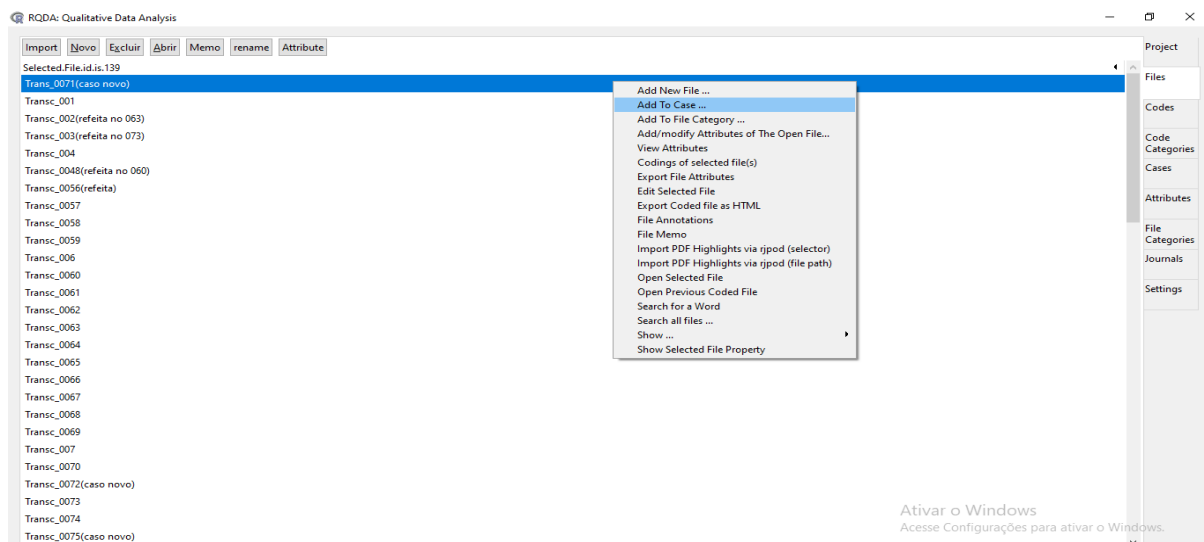


Figure 2. Pop-Up Menu After Clicking “Files” in Figure 1

To import multiple files, we used the R function, typing “File List ()” to import them. When we needed more information, we used “?” and typed “File List.” Typing “(?)” or “?” is a way to get help to find an object with a non-standard name, such as the help operator? The name should be quoted: for example, help (“?”) Or “?” (<https://www.r-project.org/help.html>).

We can also add files by right-clicking the Files folder at the right of the screen (see “Files” in Figure 1) and selecting the intended files from the associated pop-up menu (see Figure 2 above). Here, we can also view specific file encodings, export codes to HTML, and search for a word or file. At top of the pop-up menu, the user finds several options which may be applied to files: Import; *Novo* (New, in English); *Excluir* (Exclude); *Abrir* (Open); Memo; Rename; and Attribute. On the left side of the screen we see the list of files we imported to our project (all of them in plain text format); the user can also click with the mouse and open a tab that allows them to perform other operations, such as adding a new file, adding to the file category, exporting files encoded as HTML, exporting file attributes, file memo, and file annotation, among others as shown below. Finally, on the right there are the options of the prior menu (see Figure 1 above).

Table 2 .Examples of Significant Passages and their Initial Codes

Initial codes	Data extracts with codes
Get used to	"It's as I told you... I take medicine for the colic, and the pain comes back... and since it's been a year, I've gotten used to the pain..."
Lie down	"It's been about 20 days since I was in bed, all weekend I was just lying down ..."

3.4 Phase 2: Coding the Data

In this stage, we created codes or categories and reread the transcribed material with the selection of significant data sections. To begin the coding process itself, it is necessary to have prior knowledge of the data. This typically happens during the process of transcribing the interviews and during the primary reading of the transcribed texts. Thus, we began generating initial codes, phase two of thematic analysis, doing a basic analysis of the collected data. These initial codes represented the central thematic words of each significant passage (see Table 2 above).

We based the process of marking significant passages and assigning them to initial codes on this first reading of the collected data, which translated the first visual contact with the participants' speech. At this moment, we selected 507 significant passages that represented the answer to our research question. We assigned initial codes to all of these passages.

To create these initial codes in RQDA, we used the “Codes” tab (seen on the right side of Figure 2 above), which allowed us to see our data in the project.

We assigned the new code to the transcript excerpts adopting the following procedure: With the transcript open, we selected the excerpt to be coded, and then the code was chosen in the “Codes” tab. Then we activated the command “Mark,” shown in the top left in Figure 3 below. As shown by Figure 3, the user will see the options “Add” and “Delete” on the left side at the header. Below, on the left, there is the list of codes we created for the project. They are: get used to the pain; believe in God; adapt; endure the pain; decrease pain; have support; learn to live with pain; seek a path; keep your head busy; the cause of everything; cry; command life; reconcile the pain; control your head; talk; sew; create ways to deal with pain; give attention to pain; lie down; get stressed; and to depend on others getting things done.

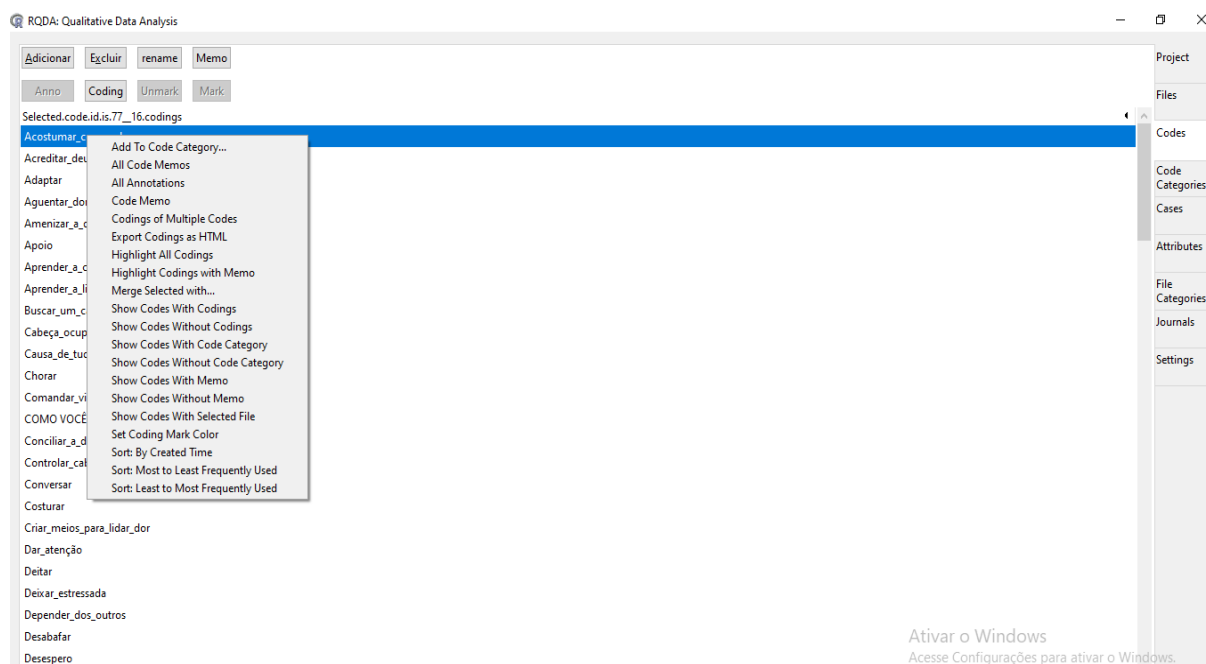


Figure 3. Codes Tab

When conducting the analysis, it was sometimes necessary for us to rename a code, which we operationalized by selecting the code and clicking “Rename.” We could also remove a code previously assigned to data by using “Unmark.” Both of these options are available in the menu seen at the top left side of Figure 3 above. A fast way to code is to first read the data files and identify possible main codes. A researcher can always add other codes later, but it is best to have an idea of what the researcher wants to code before beginning coding. Codes can be created using the “Codes” tab and “Add.” The main point of coding is to apply

a label to a piece of text. A researcher can choose a word, phrase or several sentences/paragraphs to code. It is good practice to encode some phrases surrounding the relevant word or concept, which will provide context for the information when text fragments or quotations are exported at some point. A researcher can create as many codes as they like, but it is strongly recommended to focus only on the concepts which are relevant to the study.

As mentioned in the “The first contact with the software” section of this chapter, we installed RQDA on the notebooks of two members of the research team. These two members were responsible for the data encoding. Specifically, BHM would code and then FJCR would analyze the coding. When they disagreed on the analysis, they would go back to the data and reach a consensus. This process is called inter-coder reliability (Miles & Huberman, 1994).

3.5 Phase 3: Searching for Themes

After coding all the data, we searched for themes, which is phase three of thematic analysis. We read and grouped the initial codes with the aim of maintaining a significant relationship between them; that is, the approximation of the verbal content that each code brought with it. To do this in RQDA, we used the “Code Categories” tab, seen at the right side of Figure 4 below. When creating a theme, we used the “Code Categories” tab and inside it we clicked “Add to.” When relevant, these themes could be renamed using “Rename,” seen at the top left of Figure 4. The user can regroup and change initial themes as excerpts as they are revisited in a recursive process of analysis. For this, we use the tabs “Code Categories” and “Rename.” We also made notes on topics using the code category Memo, seen in the pop-up window in the center left of Figure 4. We marked or unmarked the code category in the text using “Mark” or “Unmark.” The “Rename” function appears in the “Code Categories” tab header in addition to other functions such as “Delete,” “Mark,” “Unmark,” “Add to,” and “Memories” represented by the acronym Memo, as shown in Figure 4 below.

Different tools may support this phase of searching for themes. Using RQDA, we consulted our initial codes and visual representations. We represented our themes in RQDA using the tool “Code Categories,” seen on the right side of Figure 4, similarly to how we created our initial codes. We looked at our initial codes, considering the information or excerpts encoded, and then combined them into code categories (themes), identifying a tentative relationship

between them. To do this we right-clicked on “Code Categories” and, in the options menu, “Selected Category Encoding.”

This showed us the encodings of the selected initial code. We could add a new code category to represent a theme. We also could add codes to this new category (representing a theme) or remove a code by selecting it and then “Drop from,” seen in the top left of Figure 4. In addition, to see all encoded texts (segments) under a specific code, we double-clicked on it.

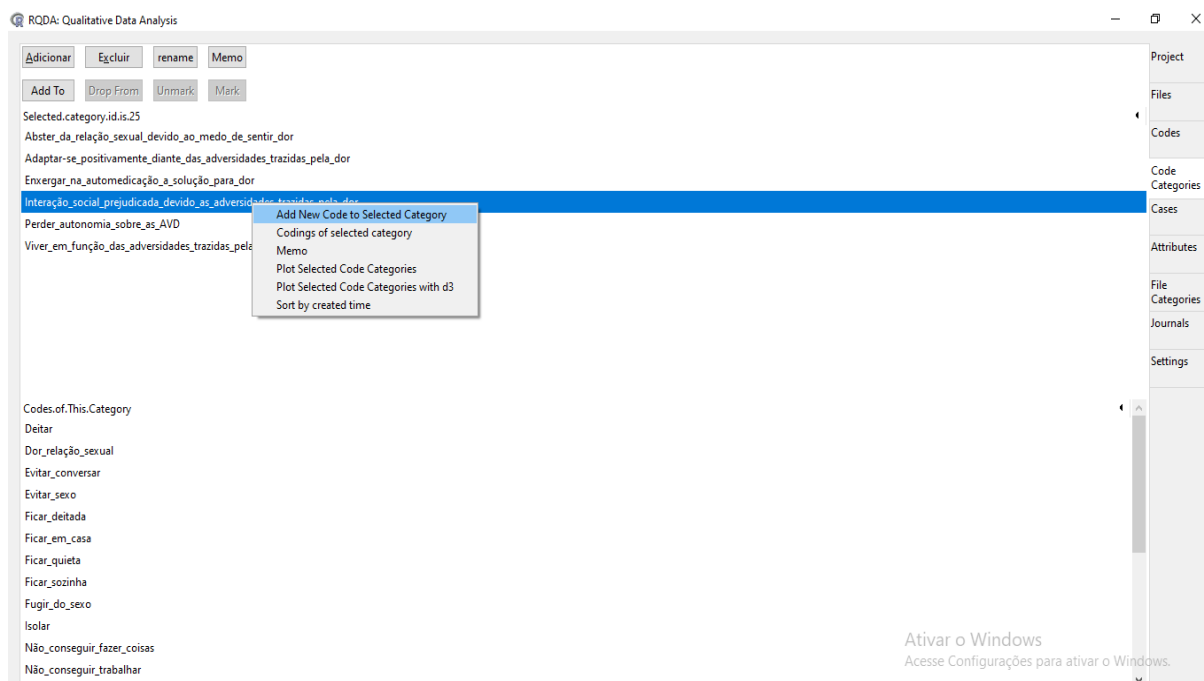


Figure 4. Active “Code Categories” Tab

Code categories are flexible. RQDA allows an initial code to be classified into any number of code categories as needed. They are a way of organizing a researcher’s ideas, helping them understand the relationships between codes, and retrieving specific coded texts that support the researcher’s analytic hypothesis. Document sizes generated by the software will vary according to the number of data segments coded.

After completing the phase of searching for new themes or thematic renaming, all documents should be reread and reanalyzed, to keep the primary and subsequent analyses in line. This will improve the analysis.

3.6 Visualizing categories and codes in an integrated way

As mentioned above, we also used visual representations. Figure 5 below, for example, supported us in understanding how different codes could be sorted into a specific theme. To build this visualization we used the tab “Code Categories,” seen on the right side of Figure 4 above.

We then selected the code referring to “Social_interaction_due_to adversities_associated to pain,” selected at the left side of Figure 5.

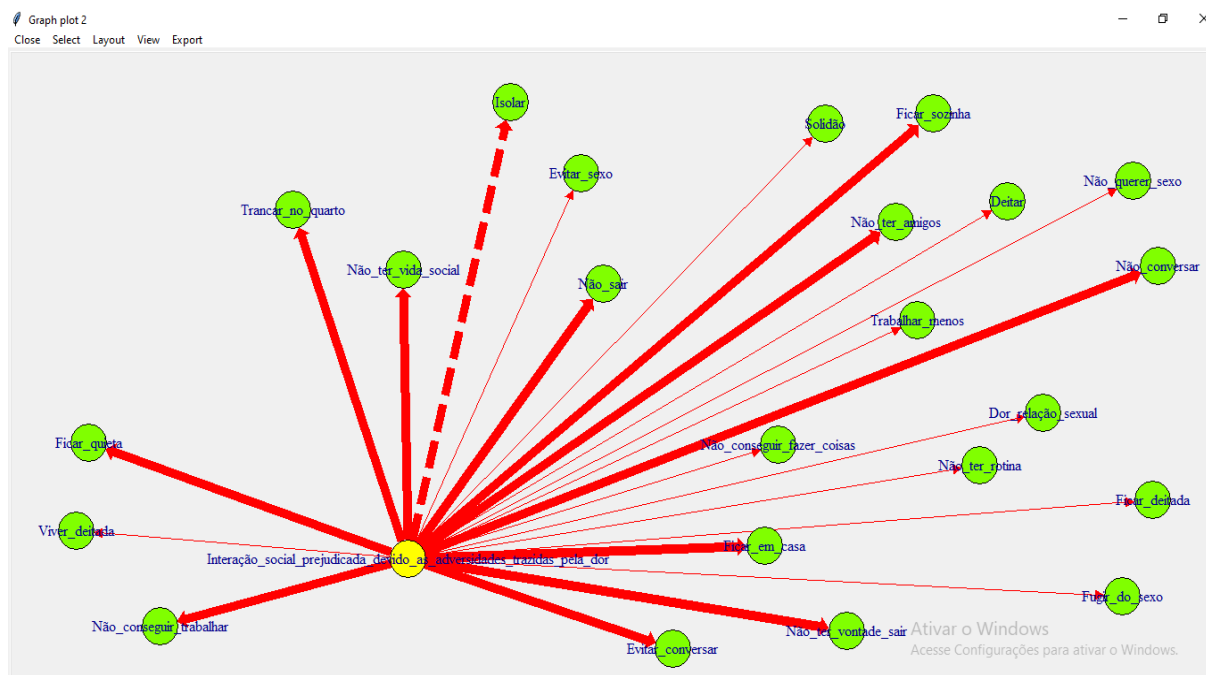


Figure 5. Codes Associated with a Specific Theme in Our Study

Next, we left-clicked to open a pop-up box. We then selected “Plot Selected Code Categories,” an option also visible in Figure 4. This selection took us to the screen “Graph Plot,” presented in Figure 5.

This type of visualization allowed us to optimize and compile all the codes that allude to a theme. Visualizations are important for compiling information, representing large data in a single figure.

Visualization also support the researcher in the process of interpreting the data and communicating it to an audience. For us specifically, it helped us understand the raw data

and reflect on the whole process until its final synthesis. It also helped us understand the path we had taken along the data analysis process.

A researcher can also create a basic code view scheme within a category in RQDA by right-clicking on the code category and selecting "Plot Categories Selected Code," an option seen in Figure 6 below. Visualizations may also be exported, using the tab where they were plotted, using the option "Export."

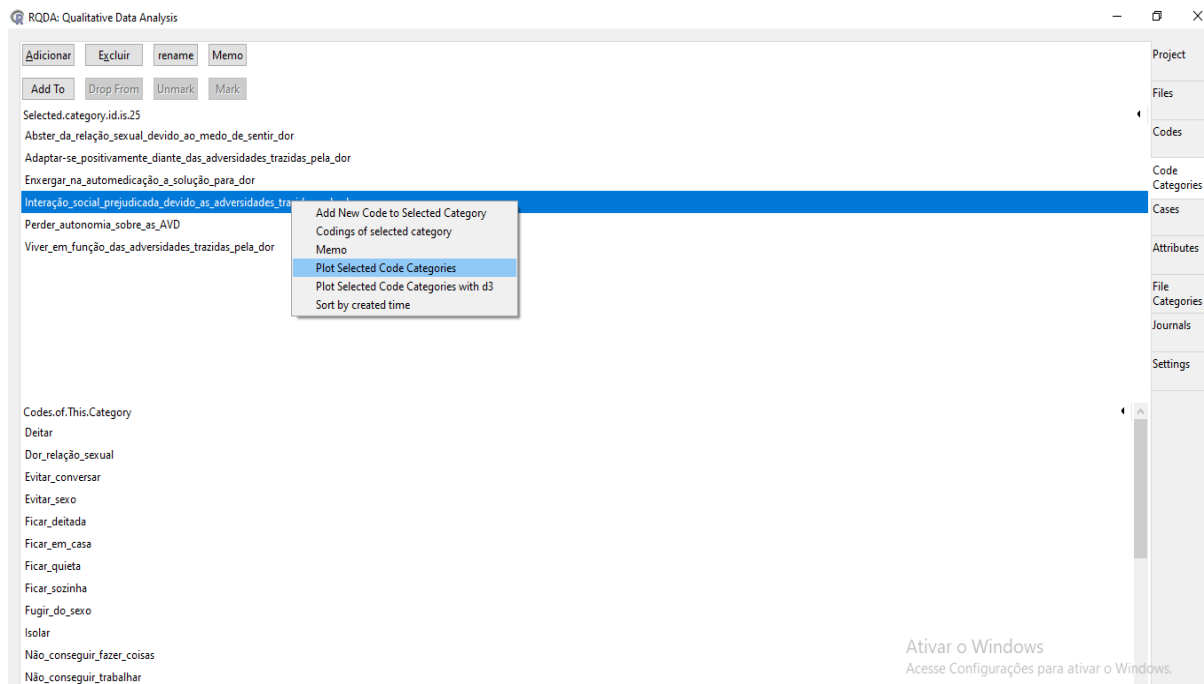


Figure 6. Code Categories Associated with Tab "Plot Selected Code Categories" in Our Study

Data analysis can also be performed using other R functions, such as R Commands (Studio) and RQDA Plus. R (Studio) is a good way to get quick summaries of your encodings; for example, the total number of codes, the number of quotations/text segments per code, the number of cases, etc. However, it is not as useful for analyzing color or to read snippets of certain codes. RQDA Plus allows the program to launch an application window to help perform more complicated data analysis in a few steps. It does not conduct easy-to-perform analyses with the RQDA GUI or online R commands.

Through the GUI, RQDA can: import documents from plain text or on the fly; import PDF highlights (useful for content management of literature, reliant upon rjpod); support non-English documents (Simplified Chinese Character is well-tested under Windows as well as

Debian Linux (with locale of zh_CN.UTF-8); character-level code using codes; file edit after coding; memo documents, codes, coding, project, files and more; retrieve coding, and easily return to the original file (to ease the problem of segmentation) and conditionally retrieve; use a single-file (*.rqda) format, which is basically a SQLite database; store data in UTF-8, making it portable; organize codes into code categories, which is key to theory building; organize files into file categories; search files by keywords with highlighting of the keyword in the open file; apply attributes to file, which is useful for content analysis; use a case category and related attributes of cases, which is a crucial feature in bridging qualitative and quantitative research; search information about a selected case on the Internet via a pop-up menu; temporarily delete files and codes; rename files, codes, code categories, and cases; and write and organize field work journals (Huang, 2016).

Table 3. *Tools for Operationalizing Qualitative Thematic Analysis in RQDA*

Concepts in Qualitative Thematic Analysis	Useful Tools in RQDA
Data familiarization	Files
Initial codes	Codes
Themes	Codes
Theme review	Codes or Code categories
Naming of themes	Codes or Code categories
Collating codes	Code categories
Thematic map	Code categories (Plot selected tab)
Data extract	Files or Codes or Code categories or Cases (Export tab)

4.1 Phase 4: Identifying Our Thematic Map

The phase of searching for themes then evolved to phase four of qualitative thematic analysis, reviewing themes. We consulted our candidate themes, deleting or collapsing these when we considered it appropriate. We also re-read data segments coded at several levels. We then produced some visualizations that helped us represent our results and, hence, the data associated with our research objectives. Despite RQDA having visualization tools, we felt these were not sufficient and moved to using other software, such as Microsoft PowerPoint, in order to produce more informative visualization that we thought best represented the experience of the participants in our research. We believe this signals an opportunity for improvement in the software. Table 3 above presents some of the different tools available in RQDA that we used during this research project, in order to operationalize qualitative thematic analysis. This table serves as a help tool for researchers who wish to use this software to conduct qualitative thematic analysis.

4. FINAL CONSIDERATIONS

CAQDAS has optimized and facilitated the work of qualitative researchers. With the development of software for qualitative analysis, our analytical process became more structured and reliable. There is a growing use of qualitative methodologies in the humanities and in health research, with researchers focusing on diverse themes employing qualitative or mixed research designs. Thus, the quantity and quality of data generated by qualitative research have long been demanding resources that can optimize the work of researchers, to the detriment of the old manual and traditional method of performing the analytical steps in qualitative research.

Based on our experience using RQDA, we recommend it particularly for research using thematic analysis. It is free software, distributed under General Public License (http://www.fsf.org/en_home.html) and it can be installed on multiple computers, thus facilitating teamwork. This contrasts with commercial packages that have highly restrictive licenses and do not allow copies of the software to be installed on more than one computer without proper licensing.

Being open-source allows the creation of new features by advanced users. It is available for many platforms including Unix, Linux, Macintosh and Windows. It is extremely flexible and can be integrated with several other R platform packages. Yet, RQDA software also has limitations. Not being cloud-based, access is restricted to environments where the software is installed. This limits teamwork and can make the coding verification or inter-agreement process more time-consuming. RQDA also requires basic knowledge of working in an R environment. Regarding the graphical interface, the tabs are not self-explanatory, which requires time for learning to handle them properly. Given the potential of visualizations tools, RQDA could offer users more visualization tools, as these are central to the research process.

RQDA, like any other CAQDAS, does not replace the need for researchers to analyze the data or to be constantly close to it. As Freitas and colleagues stated, no CAQDAS “will replace the analytical competence of researchers” (Freitas et al., 2017, p. 102). But, overall, RQDA is user-friendly even for beginners. When we combine this with the fact that it is a free software and that most users learn a specific CAQDAS autonomously for their own research project (Costa et al., 2016a), we can see the potential of this software particularly, but not

only, for novice researchers. We hope that it continues to develop, as this may help support a more democratic access of researchers to researching tools.

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5. REFERENCES

- Aziato, L., Dedey, F., & Clegg-Lamprey, J. N. A. (2015). Dysmenorrhea management and coping among students in Ghana: A qualitative exploration. *Journal of Pediatric and Adolescent Gynecology*, 28(3), 163-169. <https://doi.org/10.1016/j.jpjg.2014.07.002>
- Brinkmann, S., & Kvale, S. (2018). *Doing interviews* (2nd ed.). SAGE.
- Burbeck, R., & Willig, C. (2014). The personal experience of dysmenorrhea: An interpretative phenomenological analysis. *Journal of Health Psychology*, 19, 1334-1344. <https://doi.org/10.1177/1359105313490313>
- Clarke, V., & Braun, V. (2014). Thematic analysis. In A. C. Michalos (Org.), *Encyclopedia of quality of life and well-being research* (pp. 6626–6628). Springer Netherlands. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5902253/>
- Cope, D. G. (2014). Computer-assisted qualitative data analysis software. *Oncology Nursing Forum*, 41(3), 322-323. <https://doi.org/10.1188/14.ONF.322-323>
- Costa, A., Faria, B., & Reis, L. (2016a). Investigação qualitativa através da utilização de software: Workflows metodológicos [Qualitative research using software: Methodological workflows]. *RISTI - Revista Ibérica de Sistemas e Tecnologias de Informação*, 1(19), 9-12. http://www.scielo.mec.pt/scielo.php?pid=S1646-98952016000300001&script=sci_arttext&lng=es
- Costa, A. P., Souza, D. de, & Souza, F. de. (2016b). Trabalho colaborativo na investigação qualitativa através das tecnologias [Collaborative work in qualitative research through technologies]. *Investigação qualitativa: inovação, dilemas e desafios*, 1, 105–127. <https://www.ludomedia.pt/en/>
- Costa, A. P., & Minayo, M. C. de S. (2018, May 30-June 1). *O que Podemos Esperar da Análise de Dados Qualitativos Suportados por Software?* [What can we expect from the analysis of qualitative data supported by software?] [Conference paper]. 5th International Seminar on Research and Qualitative Studies, São Paulo. https://www.researchgate.net/profile/Antonio_Costa18/publication/325646000_O_que_podemos_esperar_da_analise_de_dados_qualitativos_suportada_por_software/links/5b1a633145851587f29caad9/O-que-podemos-esperar-da-analise-de-dados-qualitativos-suportada-por-software.pdf
- de Souza, D. N., Costa, A. P., & de Souza, F. N. (2015). Desafio e inovação do estudo de caso com apoio das tecnologias [Challenge and innovation of the case study supported by technologies]. In N. F. de Souza, D. N. de Souza, & A. P. Costa (Eds.), *Investigação qualitativa. inovação, dilemas e desafios* [Qualitative research: Innovation, dilemmas and challenges] (pp. 143-162). Ludomedia, Oliveira de Azeméis, Aveiro.
- Engeler D., Baranowski A. P., Berghmans B., Borovicka J., Cottrell, A. M., Elneil P. S., Hughes J., Messelink, E., & de C Williams A. C. (2020). *EAU guidelines on chronic pelvic pain*. European Association of Urology. <https://uroweb.org/guideline/chronic-pelvic-pain/>

- Freitas, F., Ribeiro, J., Brandão, C., Reis, L. P., de Souza, F. N., & Costa, A. P. (2017). Learn for yourself: The self-learning tools for qualitative analysis software packages. *Digital Education Review*, 32, 97-117. <https://files.eric.ed.gov/fulltext/EJ1166487.pdf>
- Ghedin, E., & Franco, M. A. S. (2008). *Questões de método na construção da pesquisa em educação* [Issues of method in the construction of research in education] (2nd ed.). Cortez Publisher.
- Huang, R. (2016). *RQDA: R-based qualitative data analysis. R package version 0.2-8*. [R]. <http://rqda.r-forge.r-project.org/> (Original work published 2015).
- International Association for the Study of Pain (IASP). (2017). *IASP terminology*. <https://www.iasp-pain.org/terminology?navItemNumber=576#Pain>
- Johnston, L. (2006). Software and method: Reflections on teaching and using QSR NVivo in doctoral research. *International Journal of Social Research Methodology*, 9(5), 379-391. <https://doi.org/10.1080/13645570600659433>
- Kelle, U. (2007). Análise com auxílio de computador: codificação e indexação [Computer aided analysis: coding and indexing]. In M. W. Bauer & G. Gaskell, *Pesquisa qualitativa com texto, imagem e som: um manual prático* [Qualitative research with text, image and sound: a practical manual] (pp. 393-415). Petrópolis: Vozes.
- Lage, M. C. (2011). Utilização do software NVivo em pesquisa qualitativa: Uma experiência em EaD [The use of NVivo software in qualitative research: An experience in distance education]. *ETD: Digital Thematic Education*, 12(2011), 198-226. <https://doi.org/10.20396/etd.v12i0.1210>
- Latthe, P., Latthe, M., Say, L., Gulmezoglu, M., & Khan, K. S. (2006). WHO systematic review of prevalence of chronic pelvic pain: a neglected reproductive health morbidity. *BMC PUBLIC Health*, 6(177), 1-7. <https://doi.org/10.1186/1471-2458-6-177>
- Mellado, B. H. (2019). Análise qualitativa dos mecanismos de enfrentamento da dor em mulheres com dor pélvica crônica [Qualitative analysis of pain coping mechanisms in women with chronic pelvic pain] [Unpublished doctoral dissertation]. São Paulo, Ribeirão Preto.
- Mellado, B. H., Falcone, A. C. M., Poli-Neto, O. B., Rosa E Silva, J. C., Nogueira, A. A., & Candido-Dos-Reis, F. J. (2016). Social isolation in women with endometriosis and chronic pelvic pain. *International Journal of Gynecology and Obstetrics*, 133(2), 199-201. <https://doi.org/10.1016/j.ijgo.2015.08.024>
- Mellado, B. H., Pilger, T. L., Poli-Neto, O. B., Rosa E Silva, J. C., Nogueira, A. A., & dos Reis, F. J. C. (2019). Current usage of qualitative research in female pelvic pain: A systematic review. *Archives of Gynecology and Obstetrics*, 300(3), 495-501. <https://doi.org/10.1007/s00404-019-05212-x>
- Merriam, S. B. (2007). *Qualitative research and case study applications in education: Revised and expanded from case study research in education* (2nd ed.). Jossey-Bass.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). SAGE.
- Peres, M. F. P., & Lucchetti, G. (2010). Coping strategies in chronic pain. *Curr Pain Headache Rep*, 14(5), 331-338. <https://doi.org/10.1007/s11916-010-0137-3>
- Ribeiro, J., Brandão, C., & Costa, A. P. (2016). Metodologia de estudo de caso em saúde: Contributos para a sua qualidade [Health case study methodology: Contributions to its quality]. In E. S. Oliveira, N. Barros, & R. Silva (Eds.), *Investigação qualitativa em saúde: Conhecimento e aplicabilidade* (1st ed., pp. 143-160). Ludomedia.
- Richards, T. (2002). An intellectual history of NUD*IST and NVivo. *International Journal of Social Research Methodology*, 5(3), 199-214. <https://doi.org/10.1080/13645570210146267>
- Romao, A. P. M. S., Gorayeb, R., Romao, G. S., Poli-Neto, O. B., dos Reis, F. J. C., Rosa-e-Silva, J. C., & Nogueira, A. A. (2009). High levels of anxiety and depression have a negative effect on quality of life of women with chronic pelvic pain. *International Journal of Clinical Practice*, 63(5), 707-711. <https://doi.org/10.1111/j.1742-1241.2009.02034.x>

- Roomaney, R., & Kagee, A. (2016). Coping strategies employed by women with endometriosis in a public health-care setting. *Journal of Health Psychology, 21*(10), 2259–2268.
<https://doi.org/10.1177/1359105315573447>
- Souza, P. P., Romao A. S., Rosa-e-Silva, J. C., dos Reis, F. C., Nogueira, A. A., & Poli-Neto, O. B. (2011). Qualitative research as the basis for a biopsychosocial approach to women with chronic pelvic pain. *Journal of Psychosomatic Obstetrics & Gynecology, 32*(4), 165-172.
<https://doi.org/10.3109/0167482X.2011.607523>
- Wong, C. L., Ip, W. Y., & Lam, L. W. (2016). Self-care strategies among Chinese adolescent girls with dysmenorrhea: A qualitative study. *Pain Management Nursing, 17*(4), 262-271.
<https://doi.org/10.1016/j.pmn.2016.04.001>

INTRODUCING THE C.O.S.T.A POSTGRADUATE RESEARCH COACHING MODEL - A COMPLEMENTARY APPROACH TO SUPERVISION

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Abstract. Postgraduate research is a massive stumbling block to students who have never had an opportunity of exposure to research methods. A recent study revealed challenges in postgraduate supervision—one of these challenges was students' lack of exposure to research language (Costa, 2018). Qualitative research and its complexities, due to a variety of approaches including rigor determination, pose a plethora of challenges to novice researchers. This document presents the C.O.S.T.A model as a tool suitable for use by academics and students, with a panoramic view of steps to be taken; first to understand foundational concepts and the language of research, and second to make informed choices on the research methods and design strategy options available for the prospective researcher. Conclusions drawn on the reliability of the model are based on observation of a group of postgraduate students who were part of the first cohort at the Global Centre for Academic Research in 2018, with some students testifying to have passed their research projects satisfactorily at their respective leading universities in South Africa.

Keywords: Research Supervision; Postgraduate Research; Higher Education; Coaching;

1. INTRODUCTION

This article introduces the C.O.S.T.A Model of postgraduate research supervision as both an alternative approach to traditional supervision methods and as a pedagogical framework for integrated teaching and learning in research methods. The acronym C.O.S.T.A represents five research steps within the model and stands for Concepts, Objective, Situation, Tact, and Assessment of output impact. A full explication of each step is articulated below in Table 2. The key attribute of this model is that while assisting postgraduate research supervisors, it provides students with tools for commencement through to completion of the thesis or dissertation projects.

A plethora of literature has indicated a continuously increasing pressure both in South Africa and abroad for universities to consider their methods of teaching and conducting research, particularly at the postgraduate level (Cekiso et al., 2019; Universities South Africa, 2015; Baptista, 2011; Cranfield & Taylor, 2008). In South Africa, this is further exacerbated by the need for universities to focus on new knowledge as contended in the National Development Plan of 2013, which suggests a targeted production of 5,000 doctorates per year by 2030. In 2012, the Higher Education Department introduced a requirement for universities to start introducing research components in all postgraduate studies, starting at honors level

(Universities South Africa, 2015). A further substantial number of researchers have discovered the shortage of skilled leadership particularly in the area of research capacity in South African universities (Cekiso et al., 2019; Van der Westhuizen & De Wet, 2003).

This chapter is a sequel to a previous study on challenges facing postgraduate students in terms of academic research (Costa, 2018), which presented the following challenges:

- **Research incapacity:** Mdyogolo (2012) provided a three-dimension description of research incapacity. First it refers to supervisors who are not capacitated in research methods, but are experts in their teaching fields. Second, it happens due to the fact that most students at the postgraduate level have no research skills and proficiency in research language. Third, it occurs in an instance where there is a conflict between research coordinating unit of a university and the supervisor. This final point can further extend to a conflict between external examiners and supervisor as posted by Nyika (2014). Mutula (2009) defined research incapacity as availability of research facilities and trained research personnel in an institution of higher education.
- **Research productivity:** Most of the knowledge in the world is produced in universities, collectively by students and academics (Goodall et al., 2014). The concept of research productivity is widely debated in academic genres. According to Abramo and D'Angelo (2014), research productivity as a concept hinges on definitions of productivity as a classical prime indicator of efficiency in any production system. Therefore, research productivity refers to ability of universities to optimize available resources for optimum production of research outputs. This further refers to inherent abilities of institutions to correlate their throughput with enrollments and consequently their ability to publish research in accredited journals.
- **Research utility:** This refers to an institution's ability to produce knowledge that can be directly utilized to improve practice. This means that research should be accessible, transferable and effective with notable impacts (Beutler & Howard, 1998).

Costa (2018) further pointed out the height and depth of the phenomenon of poor completion ratios at most South African universities (Bopape, 2018).

This phenomenon, as a global problem in higher education, has been steadily observed and documented in locations such as Australia, North America, Europe, and South Africa and has been alluded to by many researchers (Cranfield & Taylor, 2008; Lessing & Lessing, 2004; Van der Westhuizen & De Wet, 2003).

Medway (2002) postulated the difficulties faced by students conducting postgraduate research, particularly qualitative research. His view was corroborated by Ely et al. (1997) and later on by Belcher and Hirvela (2005).

Students are faced with complex situations demanding high research mental capacity to unravel the fuzziness of qualitative research genres (Belcher & Hirvela, 2005).

Wadee et al. (2010) attributed the challenges in postgraduate supervision to paucity of information related to academic literacy and writing skills, power relations between research co-coordinators, and supervisors' and students' inadequate preparation in research methodology. Walker et al. (2008) further indicated that there is not much known regarding effective ways to develop capacity for excellence in research at higher education institutions. Ulrich and Dash (2013) further indicated the need for increased research competencies for the 21st century researcher through research education. Niemczyk (2018) explicated research education as, "spaces, practices and policies designed to equip prospective researchers with the knowledge, skills, attitudes and behaviours they need to conduct quality ethical research and engage in scholarly communities locally and globally" (p. 173).

Elements of research education could include research methods learning programs, research workshops, and research coaching. These are elements to add to the normal supervision program at the postgraduate level. The challenges explicated above, and other phenomenon, provide justification for integration of the C.O.S.T.A model as an andragogy (Knowles, 1984) for research development in postgraduate studies (National Research Foundation, 2017).

2. PURPOSE OF THE MODEL

I created the model to assist students and those teaching research, particularly qualitative research, in following a structured framework of learning and development in the diverse interest areas of postgraduate research (Disney et al., 2013). It is an introductory guide to novice researchers and a tool to assist those with the task of guiding novice researchers, emphasizing knowledge development, intellectual support, and strengthening behavioral attributes and skills (Solem & Foote, 2009). As has been noted above, there is substantial literature on the challenges of postgraduate students, particularly those who conduct qualitative research due to its nature of predominant reliance on texts and themes (Medway, 2002). The need for acquisition of research skills and capacity are increasingly being

affirmed by governments across the globe as critical for creation of sustainability and thriving economies (Chubb, 2013). In a response to this kind of debate, the C.O.S.T.A model, which compares favorably to initiatives such as Researcher Development Framework in the UK (Vitae, 2010), is a solution to much needed guidance by students and much needed support by supervisors and lecturers in academic research (Costa, 2018).

This model is a tool to enhance what has currently been done to supervise postgraduate students at universities in South Africa and beyond. Postgraduate supervision can be defined as a process of support to postgraduate research students by well trained academics (Maxwell & Smyth, 2010). My passion for this project was inspired by the needs of most postgraduate students who indicated a lack of knowledge on research methods, including varied intricacies of research aspects, research language, and research report writing (Leedy & Ormrod, 2005). Observations and interactions with students from different institutions of higher education, explicated in recorded interviews, with research problems further precipitated my interest (Global Centre for Academic Research, 2018).

The C.O.S.T.A model has its origin in models like the Collaborative Cohort Model (CCM), which has been introduced by one of the leading institutions of higher education in South Africa (Govender & Dhunpath, 2011). These scholars postulated that collaborative methods of supervision tend to have better results. There are quite a number of methods and models of supervision at the postgraduate level followed as a common practice both in South Africa and beyond. The Master Apprentice Model (MAM) fits in well with traditional methods of supervision which often create a lonely postgraduate journey (Bock, 2013). It cuts across quite a number of approaches at institutions of higher learning. Lee (2008) published a framework providing varied approaches to postgraduate supervision covering practices and collaborations with supervisors across the globe, an activity that has since been refined (Lee, 2018).

In view of the above, the purpose of the model is to provide incremental growth for both the researcher and supervisor as postulated in the Researcher Development Framework (Vitae, 2010) and other similar literature sources cited in this chapter. Of importance is that the leadership aspect of the C.O.S.T.A coaching model is demonstrated through the act of “influencing” through the practice of “coaching” (Bush, 2008). The best model of leadership, often cited as transformation leadership, is where there is acceptance of a common and shared purpose between the leader and the follower.

That acceptance in the C.O.S.T.A. coaching model is demonstrated in the student's enthusiasm on their work which can be further tested through the quality of the research output (Kotterman, 2006), as demonstrated in Table 1 below.

The C.O.S.T.A model is an andragogical tool (Knowles, 1984) that promotes collaboration and collegiality using a multi-disciplinary approach to make a research journey of students an exciting one.

Table 1. C.O.S.T.A. Model in the grand scheme of things - adapted from Lee (2018).

	TRADITIONAL APPROACHES		C.O.S.T.A Model		
	Functional	Enculturation	Critical Thinking	Emancipation	Relationship Development
Supervisor's activity	Rational progression through tasks	Gatekeeping master to apprentice	Evaluation challenge	Mentoring, coaching, supporting constructivism	Supervising by experience, developing a relationship
Supervisor's knowledge & skills	Directing, project management	Diagnosis of deficiencies, coaching	Argument, analysis	Facilitation, reflection	Managing conflict, emotional intelligence
Possible student reaction	Organised obedience	Role modelling, apprenticeship	Constant inquiry, fight or flight	Personal growth, reframing	A good team member, emotional intelligence

This approach involves provision of real-time problem solving in a seminar/workshop-based where students, sometimes from different universities, come together for a common purpose of understanding research protocols and how these can be applied to their individual studies. Further, to conduct sessions in cohort mode, each student is allocated a qualified coach, who must spend time with the student discussing research coaching goals and assessment of milestones and desired outcomes (Lubb et al., 2005; Pearson & Kayrooz, 2004).

There are a few reasons why the model emphasizes coaching instead of emphasizing mentoring. Firstly, the C.O.S.T.A Model, as a multi-disciplinary approach to supervision, integrates related disciplines, such as mentoring and leadership, as integral to its implementation (Ives, 2008).

Where mentoring is generally viewed as informal, coaching is more formal and hinges on a contractual relationship between the coachee and the coach. Secondly, the approach to the creation of the C.O.S.T.A. resonates with the definition of coaching as a systematic, collaborative intervention that focusses on enhancing professional growth, increasing positive transformation, and fostering self-directed learning with the ultimate objective of attaining goals within a defined and specified timeframe (Morgan & Rochford, 2017).

Justification for locating the model within the coaching paradigm, as opposed to the mentoring approach, is further explicated below under the Theoretical Foundation section.

A digital approach, use of collaborative communication technology, and bespoke coaching sessions complete the triad of the approach.

The program proposes that students attend sessions, where the first step is to learn about fundamental research concepts and research language. This is critical as it introduces students to key terminology that will be used in their research projects.

A student's acquired knowledge and understanding of concepts and context of use, including content requirements for particular studies, demonstrates satisfactory articulation of this step. When this is done, the issue of a research question is raised before getting to the topic. The topic comes after carefully selecting a research question. This cannot be done without understanding the literature pertaining to the area of investigation.

The advantage of this model is that while it is benchmarked on the basic principles of coaching, whereby the coachee must determine the ultimate goals, it provides support to students in a structured a coherent manner from the coaches/supervisors and fellow students. Figure 1 below presents a 5-step framework of the model for further perusal.

3. THEORETICAL FOUNDATION

The first stage of the C.O.S.T.A Model starts with application of the Grow Model to map the coaching relationship between the student and the supervisor as postulated by Whitmore (1996). Coaching, which is a non-directive, solution-focussed, and developmental intervention, plays a vital role in postgraduate supervision (Keane, 2016; van der Linde, 2012). There is significant literature in support of coaching as a pathway to increase self-efficacy and personal confidence in goal attainment, and the role that coaching plays in educational settings (Rhodes, 2013).

While the key focus of the C.O.S.T.A Model is on coaching (the process), it also promotes a mentoring (relational) approach as two integrated helping behaviors by supervisors in enhancing students' abilities for attainment of their academic goals (Pearson & Brew, 2002).

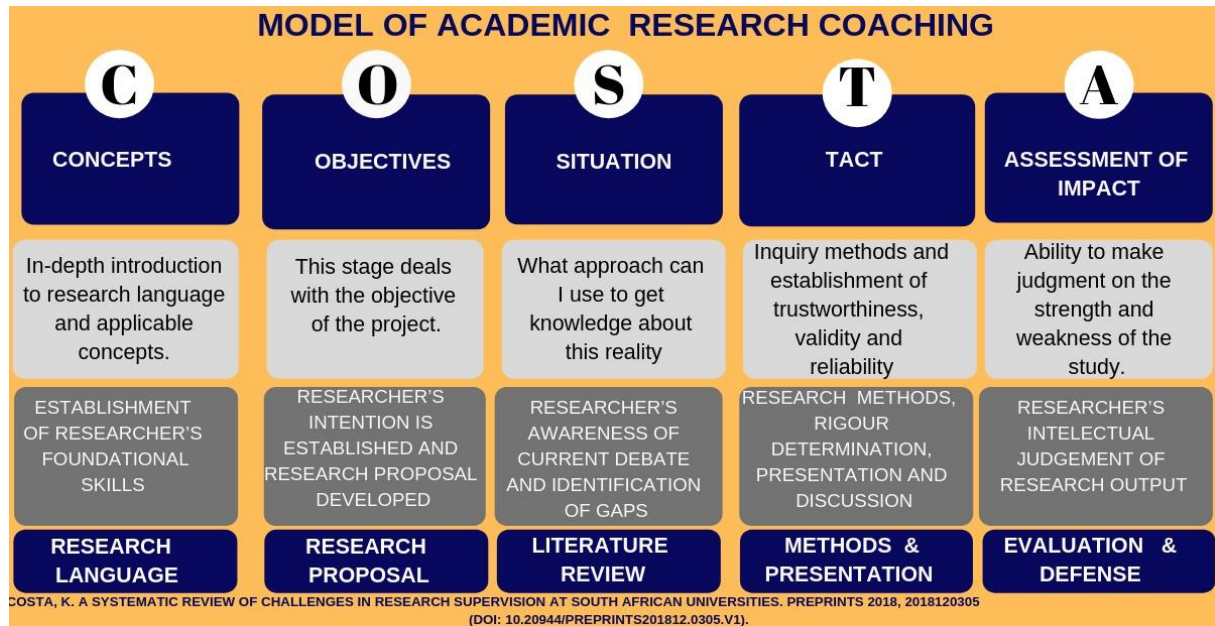


Figure 1.C.O.S.T.A Model (created by author)

The C.O.S.T.A Model places a strong emphasis on integrating supervision behaviors with coaching in order to realize an outcome that supports well developed, independent thinkers who will actively contribute in professional practice. Whitmore (1996) defines coaching as a process of unlocking one's potential to maximize latent potential.

This view is further evident in the conceptual definition of coaching as a process that involves a series of activities with a specific objective for developing, improving, and ultimately achieving an outcome (Passmore & Fillery-Travis, 2011).

As a proponent of a collaborative approach to supervision, the C.O.S.T.A Model encourages processes that enhance learning and development for improved performance and researcher competence, as posited by Parsloe (1999).

Similar models developed earlier, like the Researcher Development Framework (Vitae, 2010), further support helping behaviors such as coaching in research development, whereby the student is enabled to explore their intrinsic motivation toward their research objectives, set their own goals in line with their axiological position, and reflect on their strategies for goal achievement while being held accountable to attainment of those goals (Keane, 2016).

4. APPLICATION OF THE MODEL

The C.O.S.T.A Model is a framework and pathway of research coaching that follows five distinct yet inter-related steps towards the attainment of a research output by novice researchers. I observed and tested its application over a period of 12 months from March 2018 to March 2019 at the Global Centre for Academic Research (Costa, 2018).

The model focuses on spending time with students, introducing them to concepts that will be critical in their research projects. As in the case of the collaborative cohort model (Govender & Dhunpath, 2011), students and supervisors get together in an interactive workshop where the project leader makes presentations and the rest of the audience interacts with the topics. Such topics include concepts or different stages of the research project.

One-on-one interaction with the student by a supervisor follows these seminars/workshops. A team of peers, who submit their findings to the chief supervisor, view student submissions, which are uploaded on an interactive online portal. This process introduces the student to the peer review system.

4.1 Step one

This step introduces students to research concepts. This is a step of ensuring the students are fully prepared to go through with the research project. This step prompts students to prepare essays for presentations on key concepts and conventions of research methods and methodologies to identify differences. This initial stage of the model takes students through a process of questions and topics. Philosophical assumptions and their impact on research questions are dealt with, ultimately helping students to prepare a conceptual framework of their chosen studies. Understanding the language of research is a huge switch for postgraduate students who meet this academic expectation for the first time, save for sporadically condensed research methods workshops often provided by universities. To ensure students are able to articulate concepts and concept usage, the process of this step takes a minimum duration of four to six months.

4.2 Step two

The second step focuses on a student's intention (proposal) and methodological steps necessary to complete that stage. At this stage the student researcher has requisite

foundation competence (theory and practice) required for a postgraduate scholar. He or she is able to articulate concepts, formulate a theoretical framework, and distinguish it from the conceptual framework while demonstrating relationships. The student articulates and understands contexts and usage of language. The ability to present a clear road-map and capture the whole concept within a proposal is introduced to students. At this stage writing starts and coaching occurs.

4.3 Step three

In terms of this step, the scholar needs to understand the problem and its magnitude from reviewing the literature so as to clearly articulate the identified gap, formulate the background of the study, write a problem statement, and draft research questions. These facts necessitate the need for a pre-proposal literature review. At this stage, students work on developing critical reading and writing skills whereby supervisors introduce students to concepts such as critical thinking, synthesis, and summarization, as depicted in Table 2 below.

4.4 Step four

I created a concept of Step 4 called TACT (Trustworthiness, Auditability, Credibility and Transferability). TACT is demonstration of skills particularly to collect data, analyze data, present findings (or results), and discuss and formulate a conclusion. The validity, reliability (which are predominate concepts in quantitative research) or trustworthiness of the study is then demonstrated. This is where we meet the concept of TACU for the first time. The TACU represents the following quality criteria values to determine rigor in qualitative research studies: Truth value, Applicability value, Consistency value and Unbiasness or Neutrality value. I created TACU as a means to ensure quality criteria alignment as already postulated by leading qualitative research theorists such as Creswell and Miller (2002), and Lincoln and Guba (1985). Figure 2 above displays TACU, which is further articulated in Table 2 below.

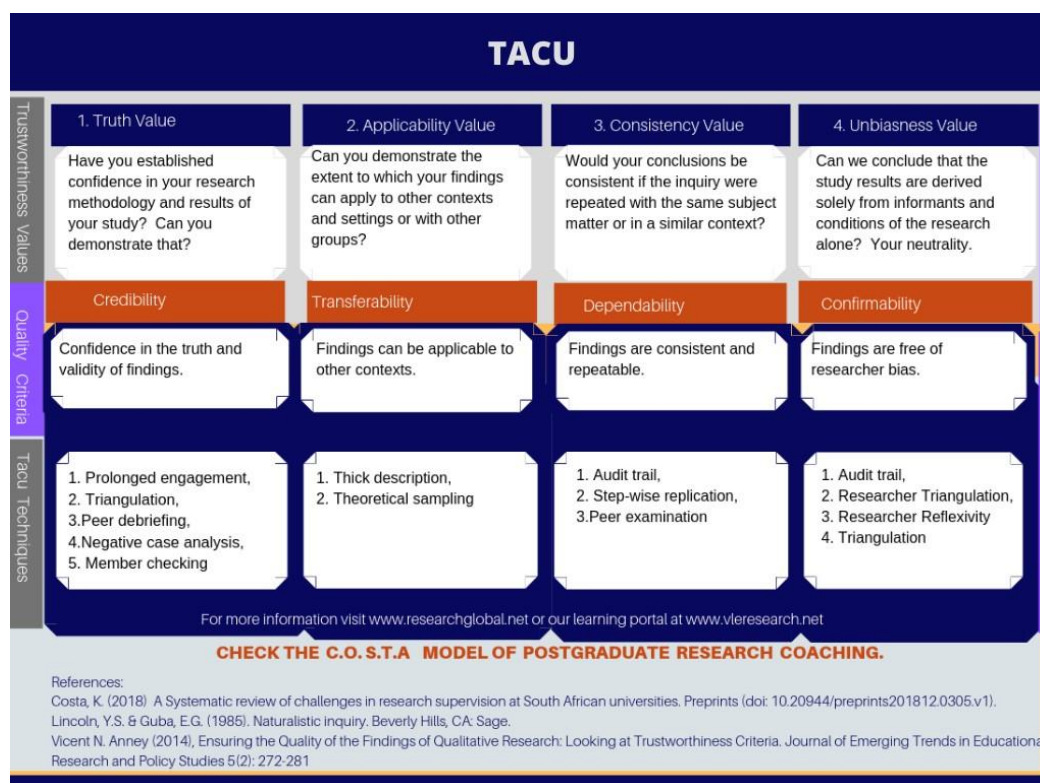


Figure 1. TACU (Truth value, Applicability value, Consistency value and Unbiasness value): created by author

4.5 Step five

In this step the student measures success of all her steps to the final stage. The final stage requires students to present a cogent argument, conclude the writing of the thesis/dissertation, and prepare an article for publication. The other important element of this stage is a mock defense where students are prepared to defend their output through a presentation to a panel of scholars.

Table 2. C.O.S.T.A Postgraduate Research Coaching Model

STEP	STAGE	APPLICATION	SIGNIFICANCE
1	CONNECTION	Connection between the supervisor and the student is critical. The suggested method is the GROW model to determine the preparedness and willingness of the student.	ESTABLISHMENT OF RESEARCH'S FOUNDATIONAL SKILLS
	CONCEPTS	In-depth introduction to research language and applicable concepts. This cannot be done in one week, it should be a minimum of full three months programme.	

2	O	OBJECTIVES	This deals with the objective of the project. The student should be able to articulate the following: Introduction, Background, Study Objectives, Assumptions/hypothesis, The Study Significance, Study limitations, Delimitations and Research Question.	RESEARCHER'S INTENTION (Research Proposal)
3	S	SITUATION	Thorough assessment of literature on the subject and identification of gaps. Formulation of a Theoretical Framework and Conceptual Framework and knowledge of the difference between the two. Application of Blooms' complex thinking skills (critical analysis, synthesis and evaluation).	RESEARCHER'S AWARENESS OF CURRENT DEBATE
4	T	TACT TACU Truth Value Auditability Value Credibility Value Unbiasness value	Credibility: In addressing credibility, investigators attempt to demonstrate that a true picture of the phenomenon under scrutiny is being presented Transferability: Investigators provide sufficient detail of the context of the fieldwork for a reader to be able to decide whether the prevailing environment is similar to another situation with which he or she is familiar and whether the findings can justifiably be applied to the other setting. Dependability: Researchers should at least strive to enable a future investigator to repeat the study. Confirmability: Researchers must take steps to demonstrate that findings emerge from the data and not their own predispositions	METHODOLOGY UNDER SCRUTINY Trustworthiness in Qualitative Studies Validity & Reliability in Quantitative Studies
5	A	ASSESSMENT	Ability to make judgment on the strength and weakness of the study. Provision of a cogent argument in support of study objectives and its benefits to targeted audience. Implications and recommendations.	RESEARCHER'S INTELLECTUAL JUDGEMENT OF RESEARCH OUTPUT

5. CONCLUSION

This chapter established that research coaching in postgraduate supervision as an intervention is critical. I further articulated that research supervision integrates by and large elements of transformational leadership.

The collaborative nature of the C.O.S.T.A Model seeks to enhance relational and supportive behaviors that encourage students to develop as critical thinkers who are able to set their

goals for attainment of study goals as per agreed timelines. It encourages them to enhance independence and relevance to their respective economic professional activities while at the same time being held accountable for their own development. Students who attended sessions and applied the C.O.S.T.A. Model in their postgraduate studies claimed that it heightened their confidence in research, demystified abstractions, and provided a framework for tackling difficult issues.

Group sessions further provided participants with a platform to network and interact with scholars from different backgrounds, thereby providing an avenue for a collaborative drive and research solidarity. Some of their comments may be found on the commentary section of the Preprints.org (Costa, 2018). This study could contribute to professional development in many ways such as:

- provide an andragogical framework for teaching research;
- encourage helping, collaborative methods and an alternative to traditional methods of supervision, such as the master-apprentice-model inherently used in many academic supervision roles;
 - enhance researcher growth and development as professional and scientific investigators; and
 - assist, reduce, and deal with the current problem of research capacity, research productivity, and research utility.

This chapter presents a case for institutions to encourage:

- establishment of models that enhance development of novice researchers;
- research education;
- serious scrutiny of the plethora of research on challenges facing postgraduate researchers and supervisors; and
- use of C.O.S.T.A. model in postgraduate research.

I recommend further research into the readiness of supervisors and institutions to pilot implementation of the C.O.S.T.A. Model or similar models such as the Researcher Development Framework as alternative approach to postgraduate research supervision.

6. REFERENCES

- Abramo, G. & D'Angelo, C. (2014). How do you define and measure research productivity? *Scientometrics*, 101(2), 1129-1144. <https://doi.org/10.1007/s11192-014-1269-8>.
- Baptista, A. (2011). Challenges to doctoral research and supervision quality: A theoretical approach. *Procedia Social and Behavioral Sciences*, 15, 3576–3581. <https://doi.org/10.1016/j.sbspro.2011.04.338>.
- Belcher, D. & Hirvela, A. (2005). Writing the qualitative dissertation: What motivates and sustains commitment to a fuzzy genre? *Journal of English for Academic Purposes*, 4(3), 187–205. <https://doi.org/10.1016/j.jeap.2004.07.010>
- Beutler, L. & Howard, K. (1998). Clinical utility research: an introduction. *Journal of Clinical Psychology*, 54(3), 297-301. [https://doi.org/10.1002/\(sici\)1097-4679\(199804\)54:3<297::aid-jclp1>3.0.co;2-n](https://doi.org/10.1002/(sici)1097-4679(199804)54:3<297::aid-jclp1>3.0.co;2-n)
- Bock, E. (2013). Research supervision needs and experiences of master's students in nursing [Unpublished master's thesis]. Stellenbosch University.
- Bopape, A. M. (2018). Factors influencing the through-put rates of master's students at the University of Limpopo [Unpublished master's thesis]. University of Limpopo.
- Bush, T. (2008). *Leadership and management development in education*. Sage.
- Cekiso, M., Tshotsho, B., Masha, R., & Saziwa, T. (2019). Supervision experiences of postgraduate research at one South African higher education institution. *South African Journal of Higher Education*, 33(3), 8–25. <https://doi.org/10.20853/33-3-2913>
- Chubb, I. (2013, February 1). Productivity, industry engagement and the PhD workforce [Keynote address]. AMSI Accelerate Australia Conference, Melbourne. <https://www.chiefscientist.gov.au/2013/02/productivity-industry-engagement-and-the-phd-workforce>
- Costa, K. (2018). A Systematic Review of Challenges in Research Supervision at South African Universities. Preprints, 2018, 1-45. <https://doi.org/10.20944/preprints201812.0305.v1>.
- Cranfield, D., & Taylor, J. (2008). Knowledge management and higher education: A UK case study. *Journal of Knowledge Management*, 6(6), 85–100. <http://www.ejkm.com/main.html>
- Creswell, J., & Miller, D. (2002). Determining validity in qualitative inquiry. *Theory into Practice* 39(3), 124-130. https://doi.org/10.1207/s15430421tip3903_2
- Disney, T., Harowell, E., Mulhall, R., & Ronayne, M. (2013). Doctoral researcher skill development: learning through doing. *Planet*, 27(2), 14-20. <https://doi.org/10.11120/plan.2013.00004>
- Ely, M., Vinz, R., Downing, M., & Anzul, M. (1997). *On writing qualitative research: Living by words*. The Falmer Press.
- Global Centre for Academic Research. (2018, December). G-CAR Scholars share their experiences. <https://www.vleresearch.net>
- Goodall, A., Dowell, M., & Singell, L. (2014). Leadership and the research productivity of university departments. Institute for the Study of Labor. <http://ftp.iza.org/dp7903.pdf>
- Govender, K., & Dhunpath, R. (2011). Student experiences of the PhD cohort model: working within or outside communities of practice? *Perspectives in Education*, 29(1), 88-99. <http://journals.ufs.ac.za/index.php/pie/article/view/169>

- Ives, Y. (2008). What is 'coaching'? An exploration of conflicting paradigms. *International Journal of Evidence Based Coaching and Mentoring*, 6(2), 100-113.
https://www.researchgate.net/publication/253147470_What_is_'Coaching'_An_Exploration_of_Conflicting_Paradigms
- Keane, M. (2016). Coaching interventions for postgraduate supervision courses: Promoting equity and understanding in the supervisor-student relationship. *South African Journal of Higher Education*, 30(6), 94-111. <https://www.doi.org/10.20853/30-6-720>
- Knowles, M. (1984). *The Adult Learner: A Neglected Species*. Gulf Publishing.
- Kotterman, J. (2006). Leadership versus management: What's the difference? *Journal for Quality and Participation*, 29(2), 13-17.
<https://search.proquest.com/openview/9e519b2df53655fd0f5f39c35480c1ac/1?pq-origsite=gscholar&cbl=37083>
- Lee, A. (2008). How are doctoral students supervised? Concepts of doctoral research supervision." *Studies in Higher Education*, 33(3): 267-81. <https://doi.org/10.1080/03075070802049202>
- Lee, A. (2018). How can we develop supervisors for the modern doctorate? *Studies in Higher Education*, 43(5), 878-890. <https://doi.org/10.1080/03075079.2018.1438116>.
- Leedy, P. D., & Ormrod, J. E. (2005). *Practical research: Planning and design*. Prentice Hall.
- Lessing, N., & Lessing, A. (2004). The supervision of research for dissertations. *Acta Commercii*, 4, 73-87.
- Lubb, S., Worrall, L., & Klopper, R. (2005). Challenges in postgraduate research: How doctorates come off the rails. *Alternation*, 12(1a), 241-262. https://hdl.handle.net/10520/AJA10231757_443
- Maxwell, T., & Smyth, R. (2010). Research supervision: The research management matrix. *Higher Education*, 59(4), 407-422. <https://doi.org/10.1007/s10734-009-9256-3>
- Mdyogolo, W. (2012). The academic experiences of faculty of education postgraduate students who have dropped out of a higher education institution in Eastern Cape Province. University of Fort Hare.
- Medway, P. (2002). Fuzzy genres and community identities: The case of architecture students' sketchbooks. In R. Coe, L. Lingard, & T. Teslenko (Eds.), *The rhetoric and ideology of genre: Strategies for stability and change* (pp. 123-153). Hampton Press.
- Morgan, M., & Rochford, S. (2017). *Coaching and mentoring for frontline practitioners*. Centre for Effective Services.
- Mutula, S. (2009). Challenges of postgraduate research: a global context, African perspectives [Conference presentation]. DLIS Annual Conference, University of Zululand.
<https://pdfs.semanticscholar.org/9558/7ec2e4efb10426e33a786d6c72d5e3f41297.pdf>
- National Research Foundation. (2017). *Sabbatical Grants for Completion of Doctoral Degrees*. National Research Foundation.
- Niemczyk, E. K. (2018). Developing globally competent researchers: an international perspective. *South African Journal of Higher Education*, 3(4), 171-185. <https://doi.org/10.20853/32-4-1602>
- Nyika, A. (2014). Postgraduate research methodological flaws detected at final examination stage: Who is to blame? *South African Journal of Science*, 110(3/4), 1-4. <https://doi.org/10.1590/sajs.2014/20130288>
- Parsloe, E. (1999). *The Manager as Coach and Mentor*. CIPD.

- Passmore, J., & Fillery-Travis, A. (2011). A critical review of executive coaching research: a decade of progress and what's to come. *Coaching: An International Journal of Theory, Research and Practice*, 4(2), 70-88. <https://doi.org/10.1080/17521882.2011.596484>
- Pearson, M., & Brew, A. (2002). Research training and supervision development. *Studies in Higher Education*, 27(2), 135-150. <https://doi.org/10.1080/03075070220119986c>
- Pearson, M., & Kayrooz, C. (2004). Enabling critical reflection on research supervisory practice. *International Journal for Academic Development*, 9(1), 99-116. <https://doi.org/10.1080/1360144042000296107>
- Rhodes, C. (2013). Coaching and mentoring for self-efficacious leadership in schools. *International Journal of Mentoring and Coaching in Education*, 2(1), 47-63. <https://doi.org/10.1108/20466851311323087>
- Solem, M., & Foote, K. (2009). Enhancing departments and graduate education in geography: A disciplinary project in professional development. *International Journal for Researcher Development*, 1(1), 11-26. <https://doi.org/10.1108/1759751X201100002>
- Ulrich, W., & Dash, D. (2013). Research skills for the future: Summary and critique of a comparative study in eight countries. *Journal of Research Practice*, 9(1), 1-25. <http://jrp.icaap.org/index.php/jrp/article/view/377>
- Universities South Africa. (2015). A transformational barometer for South African higher education [Discussion paper].
- Higher Education Transformation Summit, Universities South Africa. http://www.usaf.ac.za/wp-content/uploads/2016/09/Transformation-Barometer-_A-Discussion-Paper.pdf
- van der Linde, A. (2012). Supervisor-student relationships: a leadership model for enhancing postgraduate research at a university of technology. University of the Free State.
- Van der Westhuizen, P., & De Wet, J. (2003). The training needs of supervisors of postgraduate students in the social sciences and humanities. *South African Journal of Higher Education*, 16(3), 85-195. <https://doi.org/10.4314/sajhe.v16i3.25231>
- Vitae. (2010). Researcher development framework. Vitae. <https://www.vitae.ac.uk/vitae-publications/rdf-related/researcher-development-framework-rdf-vitae.pdf/view>
- Wadee, A., Keane, M., Dietz, T., & Hay, D. (2010). Effective PhD supervision, mentoring and coaching. Rozenburg.
- Walker, G. E., Golde, C. M., Jones, L., Bueschel, A., & Hutchings, P. (2008). The formation of scholars: Rethinking doctoral education for the twenty-first century. Jossey-Bass.
- Whitmore, J. (1996). *Coaching for Performance* (2nd ed.). Nicholas Brearley

TEACHING THE SCOPE AND LIMITS OF GENERALIZABILITY IN QUALITATIVE RESEARCH

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Abstract. Generalizability is a concern in qualitative research as qualitative research may not offer sufficient data for statistical generalization. Analytical generalization is possible with richer qualitative evidence. I show that a case-based discussion can enable doctoral students to understand the scope and limits of analytical generalizability of qualitative research beyond the context studied. The case was an ethnography of the socialization of U.S. medical school students, where the author uncovered three insights about their life and priorities. Doctoral students were tasked to analytically generalize these insights beyond the medical student group studied. Students succeeded in generalizing insights to other medical students in that U.S. medical school, other medical schools in the U.S. and medical students in other countries with similar medical education. They faced logical limits in generalizing to practicing doctors, other life-saving professions, and non-medical students. This classroom exercise helped doctoral students build understanding and confidence in generalizing qualitative research.

Keywords. Teaching, Generalization, Limitations, Scope, Application.

1. INTRODUCTION - GENERALIZABILITY IN QUALITATIVE RESEARCH

Generalization in research is an act of reasoning that involves making broader inferences from limited observations (Polit & Beck, 2010). While generalization is considered essential to make new knowledge claims through research, the scope and limits of generalization may differ based on both methods and observations. Three ways in which generalization can be made from limited data studied by a researcher are: (a) sample to population extrapolation; (b) analytic generalization; and (c) case-to-case transfer (Firestone, 1993). Of these three ways, sample to population generalization is not possible in qualitative research as the number of cases studied is usually too small to allow it.

Claims to generalization in qualitative research are therefore typically made on grounds of case to case transfer (Firestone, 1993). The cases studied by the qualitative researcher and the potential cases to transfer are often limited. These limitations lead to a major criticism of qualitative research – the limited scope of generalizability of research results. Qualitative researchers are often tentative in claiming generalizability. They often underclaim the generalizability of significant results by limiting their generalization only to what is possible by using a case to case transfer logic. Unwillingness to generalize beyond the immediate study and the possible criticism of the generalizations made, if any, using only case to case

transfer logic, makes qualitative research seem limited in scope. Typically, research proposals for limited scope studies that are not amenable to generalization beyond the limited set of cases studied are usually more difficult to justify. Moreover, qualitative research themes are often seen as driven by a researcher's interest than by their intrinsic salience in building new theory or in theory bridging to build new insights that are of theoretical and practical relevance (Burgelman, 2020). Qualitative research is missing the wider scope of applicability proposed by large sample quantitative researchers in qualitative research, which emphasizes either the intrinsic importance of the cases studied or offers limited possibilities of case to case transfer (Guenther & Falk, 2019).

In this paper, I take forward the view that carefully constructed analytic generalizations that are based on rich qualitative data from qualitative research can significantly improve the quality and scope of generalization in qualitative research (Firestone, 1993). However, qualitative researchers need to be trained at an early stage to better understand the use and process of doing analytical generalization from their qualitative research. I demonstrate how the process of analytical generalization can be effectively taught to early stage researchers through an in-class exercise based on a single case study (Kennedy, 1979), thus encouraging students to attempt qualitative research with greater impact.

2. A DESCRIPTION OF THE CASE

It is important that qualitative researchers are trained early to examine the scope and limits of the generalizability of their qualitative research efforts. This paper describes an in-class, guided, rich case discussion that I used to build a practical understanding of generalizability in the first session of a first-year doctoral course on qualitative research at the Indian Institute of Management (IIM), Bangalore. I also used the case in an "Introduction to Research" session for doctoral students in another IIM.

The in-class session required prior reading of an ethnographic journal article (Becker, 1993) that is derived from a book widely considered as a classic in ethnographic studies (Becker et.al., 1976). The short article gives an ethnographic account of the in-situ study of the intense socialization process of under-graduate students in a medical school in the United States. Since doctoral students of management in India rarely enter the doctoral program with any undergraduate education in medicine, the students in this course, over the years, were usually only from non-medical streams. The doctoral students in the course were therefore unlikely to have any preconceived views on the socialization process of medical

students based on their own experiences as described in the article. This made the article an ideal discussion case. Students in the doctoral program were broadly aware that graduate level medical coursework is difficult due to a relatively vast syllabus compared to the graduate subjects that they had themselves undertaken, with difficult examinations based on voluminous textbooks that were difficult to read. Graduate study in medicine also involved practical medical examinations and supervised medical assessment of new patients that the medical student had never seen before.

The article describes how the ethnographer, who is a social science student, seized the opportunity to accompany and observe medical students when they went on their rounds to examine patients in the medical school hospital. As a participant observer, the ethnographer was also privy to the private comments made within the student group about the patients that they saw and their ailments. As medical students tend to use medical words and acronyms while discussing patients, the ethnographer got into the practice of clarifying with some students about each new word that he heard in the discussions among the medical students. This practice helped the ethnographer to better understand the conversations that were happening around him. He was, however, puzzled when the medical students were not able to clearly define the term 'crock' as used in reference to some patients.

3. GENERALIZING FROM THE CASE CONTEXT

The ethnographer came across a term 'crock' as used by medical school students to dismissively label a patient who gave a long-winded description of her many symptoms that had no physical manifestation. He first spent considerable time with the students to develop a consistent description of what specifically made a patient a crock. He was puzzled about why medical students were dismissive of crocks, as such patients may be potentially lucrative to have as a practicing doctor. He speculated on their underlying reasons to dislike crocks and tested his speculations. He dismissed some speculations based on inherent contradictions. Over time, his conversations with medical students led him to identify three underlying reasons why medical students viewed crocks negatively. These three reasons provided the ethnographer insights into the professional priorities of medical students.

The first reason crocks were viewed negatively was that crocks took up too much of the medical student's time in describing their many symptoms that had no physical manifestation. Once the medical students knew how to identify a crock, they would rather have used their time productively elsewhere to learn about other medical conditions. The

only way to treat a crock was to listen quite patiently, but really do nothing medically. He generalized this to state that time was critical for medical students and crocks only wasted their time.

The second reason was that crocks did not have any serious ailments that required medical expertise that was lifesaving. The ethnographer connected this reason with the fact that doctors who specialized in ailments that could cause death if untreated were more highly regarded within the medical profession than doctors who specialized in ailments that do not cause death if untreated. So, medical students wished to spend more time on patients with ailments that could potentially kill them, rather than on crocks. He generalized this to state that medical responsibility was critical for medical students. Treating crocks by listening to them did not help students in their medical responsibility to save the lives of the sick.

The third reason was that crocks did not offer medical students any valuable clinical experience that they eagerly sought in their time in medical school. Medical students sought clinical experience that was not found in books or journals. The time spend with crocks did not add to their clinical experience. He generalized this to state that clinical experience was critical for medical students. Treating crocks by listening to them was not helping them add to their clinical experience required to save lives of the sick.

These three generalizations should be viewed in the medical student's context where clearing year to year examination-based hurdles was typically very difficult. While written examinations required absorbing knowledge from voluminous textbooks, practical examinations involved diagnosis of patients with ailments that the student may not have yet read about nor seen in their hospital rounds until then. Examining professors did not consider the inability to diagnose patients with previously unseen ailments by the student as a matter of excusable bad luck and would fail them. Stories of such 'bad luck' failures to clear practical examination hurdles were thus a common nightmare among medical students. Consequently, medical students were typically not syllabus bound in their study. They were keen to absorb as much practical knowledge as they can. This led them to trade allotted patients among themselves to maximize their learning by examining a variety of patients as they learned beyond their medical books. Their doctor professors emphasized the importance of clinical experience as it reduced the incidence of incorrect diagnoses of patients by both students and practicing doctors, which impacted collective reputation.

4. GENERALIZING BEYOND THE CASE CONTEXT

Once these three reasons and their associated generalizations by the ethnographer were discussed and understood by the doctoral students, they were asked to examine if these three reasons and their associated generalizations (which were all deemed to be logically sound) were possible to generalize beyond the specific medical school cohort that was studied by the ethnographer. In the first stage of the exercise, the doctoral students agreed that purely by the logic presented, the same or very similar behavior was likely to be found in all the other student cohorts in that specific medical school as they would all be studying with the same medical pedagogy and the same medical examination system. Additionally, the teaching and examining faculty were likely to be the same across the student cohorts.

In the second stage, I pushed the doctoral students to extend the same logic further. They agreed that the same behavior was likely to be found in other medical schools operating under the U.S. medical studies board. This extension of the logic was made with the knowledge that the teaching and examining faculty were different across medical schools in the U.S. Since they operate under one medical studies board, medical schools are likely to have similar methods of teaching and similar examination standards, thereby placing medical students under very similar pressures as found in the student cohort studied.

In the third stage, I asked the doctoral students to consider the generalization to medical schools outside the U.S. Students supported the view that the ethnographer's three reasons medical students disliked crocks, namely prioritizing the usage of time, the search for clinical experience, and the positive view towards doctors who save lives, were likely to exist among medical students outside the U.S. So, it was possible to generalize to medical schools worldwide. This generalization rested on the debatable premise that while specific standards of medical education may differ across countries, the methods of teaching and examination of medical students could not be very different. Those who graduate must be competent enough to be employed as doctors. Thus, there was likely to be enough self-driven effort by medical students to become competent doctors to save lives.

In the fourth stage, I asked the doctoral students to consider the generalizability of the ethnographer's three reasons to practicing doctors rather than just medical students. Here, doctoral students doubted the applicability of all the three reasons specifically among those doctors who may have been interested in earning well through their practice. They speculated that such doctors may like crocks as crocks offer recurring income even though

they may waste their practicing time that could be better used to examine patients that could be cured. However, some doctors who are less interested in an earnings stream from crocks may direct crocks to other doctors rather than waste their professional time on them. Such doctors may thus behave more like medical students. The class then discussed examples of doctors they may know of the latter type. This provided a way to directly experience the limits of generalizability to all doctors.

In the fifth stage, I asked doctoral students to consider generalization to students in other types of professional programs. Students typically suggested programs that train students to deal with “life and death” issues, such as aircraft pilot training. Other students then questioned this premise on the grounds that while such professionals do deal with “life and death” situations, it is not the core objective of their training, while doctors are trained to save lives. Another issue raised was that while pilot training is rigorous and flying experience is important, pilots can die when they make a mistake while flying. This discussion provided a way to directly experience the limits of generalizability to other professions.

In the sixth stage, doctoral students identified other professions that save lives and involve clinical experience such as criminal lawyers. Students speculated that while similar learning behaviors may exist among law students, criminal lawyers who save lives may not be differentially valued over civil lawyers who have no such direct role in saving lives. This premise could be cross-checked in class if there was a law student or if any student had parents who were lawyers. Another difference is that while criminal lawyers can argue a case well and thus save an accused, it is the judge and jury that make the final call, while a doctor’s mistake may be directly responsible for a patient’s death. This again tested the limit of generalizations being made to other professions from the case of medical students.

5. CONCLUSIONS

This 90-minute discussion exercise with doctoral students on first generalizing from the case context and then generalizing beyond the case context effectively introduced students to the concept of analytical generalization. The discussion showed the power of analytical generalization based on application of a discovered underlying logic beyond the context of the single case over sampling generalization based on the statistical incidence in a sample being extrapolated to its population. It was interesting that the underlying logic of the analytical generalization changes in each of the six stages.

Through this exercise, doctoral students were encouraged to seek ways to achieve analytical generalization in their qualitative research and present it effectively to draw attention to their new knowledge claims (Englander, 2019). They were encouraged to design research that planned for anticipated generalizations (Payne & Williams, 2005) that were valid (Hayashi et al., 2019). Doctoral students realized through the exercise that qualitative research findings are amenable to logic based generalization and such generalizations can be valid even without large enough samples to do statistical generalization. They realized that it was possible to generalize their qualitative research output beyond the limited potential offered by case to case transfer based generalization.

The feedback from students on this guided exercise has been very positive over the several years that this exercise has been used. It has also helped that the case is memorable and adds richness to the classroom discussions. I use the “crock case,” as doctoral students tend to call it, to explain and understand new concepts in qualitative research that the students cover in the nineteen sessions that follow this discussion.

6. REFERENCES

- Becker, H. S. (1993). How I learned what a crock was. *Journal of Contemporary Ethnography*, 22(2), 28-35. <https://doi.org/10.1177/089124193022001003>
- Becker, H. S., Geer, B., Hughes, E. C. & Strass, A. L. (1976). *Boys in white: Student culture in medical school*. Transaction Publishers.
- Burgelman, R. A. (2020). Bridging history and reductionism: A key role for longitudinal qualitative research. In L. Eden, B. Nielsen, & A. Verbeke (Eds.), *Research methods in international business* (pp. 235-258). Palgrave Macmillan.
- Englander, M. (2019). General knowledge claims in qualitative research. *The Humanistic Psychologist*, 47(1), 1–14. <https://doi.org/10.1037/hum0000107>
- Firestone, W. A. (1993). Alternative arguments for generalizing from data as applied to qualitative research. *Educational Researcher*, 22(4), 16-23. <https://doi.org/10.2307/1177100>
- Guenther, J. & Falk, I. (2019). Generalizing from qualitative research: A new old approach. *Qualitative Report*, 25(5), 1012-1033. <https://nsuworks.nova.edu/tqr/vol24/iss5/6/>
- Hayashi, P., Abib, G. & Hoppen, N. (2019). Validity in qualitative research: A processual approach. *Qualitative Report*, 24(1), 98-112. <https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=3443&context=tqr>
- Kennedy, M. M. (1979). Generalizing from single case studies. *Evaluation Quarterly*, 3(4), 661-678. <https://doi.org/10.1177/0193841X7900300409>
- Payne, G. & Williams, M (2005). Generalization in qualitative research. *Sociology*, 39(2), 295-314. <https://doi.org/10.1177/0038038505050540>
- Polit, D. F. & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies*, 47(11), 1451-1458. <https://doi.org/10.1016/j.ijnurstu.2010.06.004>